MEDICAL

eceased

0.0

Wds

the body

shows:

(APPROX.)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

M.E. CASE NO. I, NAME OF DECEASED (Type or Print) BATZER PEARL

Gould Convalesarium

2. DATE AND HOUR OF DEATH April 22, 1967.

4. USUAL RESIDENCE (Where deceased lived, if institution: resid

PLACE OF DEATH IF	BALIMORE, MARILAND	
FULL NAME OF HOSPITAL OR	(If not in hospital or institution, give address or lacation)	street

Anne Arundel C. CITY OR TOWN

INSTITUTION

13. FATHER'S NAME

BIRTH NO.

3. PLACE OF

the

ance

ar

of death (5) Deceased a hospital and

cause

(If outside city limits, write RURAL and give township) Riviera Beach

D. STREET ADDRESS

(If rural, give tocotion) 223 Harlem Road

9. AGE (In years If Under 1 Yr. Months: Days 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. lost birthday) 81 Hours WIDQWED, DIVORCED (specify) Feb. 1. 1886. Female White 12. CITIZEN OF WHAT COUNTRY? 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dane during most of working life, even if retired) Maryland Housewife

Robert Harris

14. MOTHER'S MAIDEN NAME

Unknown

15. Was Deceased Eyer in U. S. Armed Forces? (Yes, na wunknawn) (If yes, give war ar dates al service)

6. SOCIAL 214-22-3978

7. INFORMANT Mr. Gerard Batzer

Bradshaw, Md.

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the mode of dying, e.g., heart failure, osthenio, etc. It meons the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the above couse (A) stating the UNDERLYING CONDITION last

TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Degeneratively
OA DATE OF OPERATION TOR CONDITION FOR WE	UCH OBERATION 120A AUTOREV2 (Voc. or No.

20B. IF YES, IN CERTIFYING CAUSES OF DEATH?

WERE FINDINGS CONSIDERED

WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

21 B. PLACE OF tNJURY (e.g., in or about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR?

(If in Baltimare City, give exact location)

DEATH (notify medical examiner etc.) 21 D. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED OF INJURY White At

Not While

At Work

21 F. HOW DID INJURY OCCUR?

22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost saw the deceased alive on

ond that in (my) (out) apinian death accurred an the date

23 B. DATE SIGNED

and hour and from the couses stated abave. (1) (We) (did) (did not) view the body ofter death.

Wark

Attending Phys. Med. Director 23D. ADDRESS

Staff Phys.

24A. BURIAL CREMATION, Burial

Meadowridge Memorial Cem.

(City, tawn, or caunty) Elkridge. Md.

4/26/67. 25A. DATE RECORP HEALTH DEPT

25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 212

ADDRESS

VS 150-REV. 1/1/65

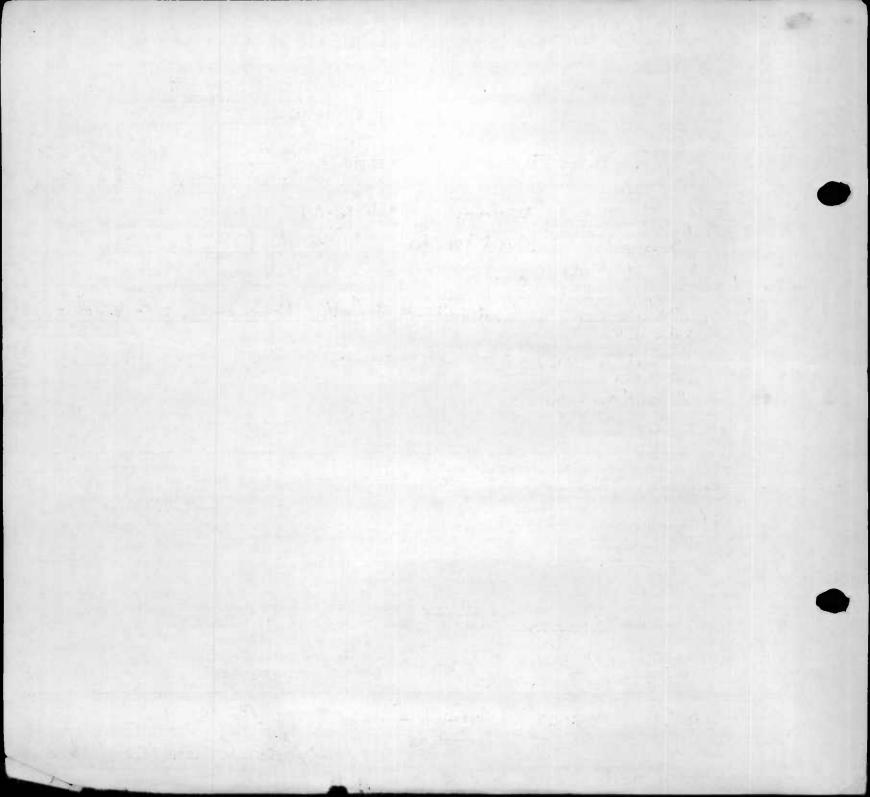
Enhance on e at the major to the The sure of the same of the sa Leader 1 and the Albert I have

67. 4002

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) GEORGE F. DAVIS April 19, 1	
GEORGE F. DAVIS April 19, 1	
	067 6.00 D
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived.	If institution: residence before admission
A. STATE Maryland	COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits)	s, write RURAL and give township)
Baltimore	7.63
624 N. Collington Avenue D. STREET ADDRESS (If rusol, give locotion)	
624 N. Collington	Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In WIDO WED, DIVORCED (specify) lost birthdoy	yeors If Under 1 Yr, If Under 24 His Months, Doys, Hours, Min.
Male White Wickwool 11-12-84 82	74011113 2073 111013 141111
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
Salesman Kirsch Formthe Manyland	WHAT COUNTRY?
13. FATHER'S NAME	
Un Krown Un Known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) 16. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
212222278 Etethyn Bowenda 9	on 5 Bellong Mue
1B. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Arteriosclerotic Heart Diseas	se.
(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	***************************************
injury or complication which coused death.	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, W. WAS PERFORMED	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
NO I	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore Countries) home, form, foctory, street, office bldg., INJURY OCCUR?	City, give exact facation)
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NOT WHILE AT WORK	
22. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, deat	h in my opinion
resulted from: Notural couses X Accident Suicide Homicide Undetermined	
CHIEF MEDICAL EXAMINER	monner
ACTUAL (1)	DATE SIGNED
EVAMINEDIS ASSOCIATE MEDICAL EVAMINED	4/20/67
NAME (Type) Charles S. Petty	1,20,07
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY, of CREMATORY 23D. LOCATION	(City, town, or county) (Stote)
Berg 4-21-67 Baltume anely Balto	m
24A. DATE REPORT HEAETH DEPT. 24B. NAME OF REDSTEAR 2/C. EQNERAL DIRECTOR	ADDRESS
MINGE 130/ UILVELITE, VICENTAL 1/4 () /)	2:00
11.02.	1/11/
VS 151-REV. 1/1/65	211 Characo Hera



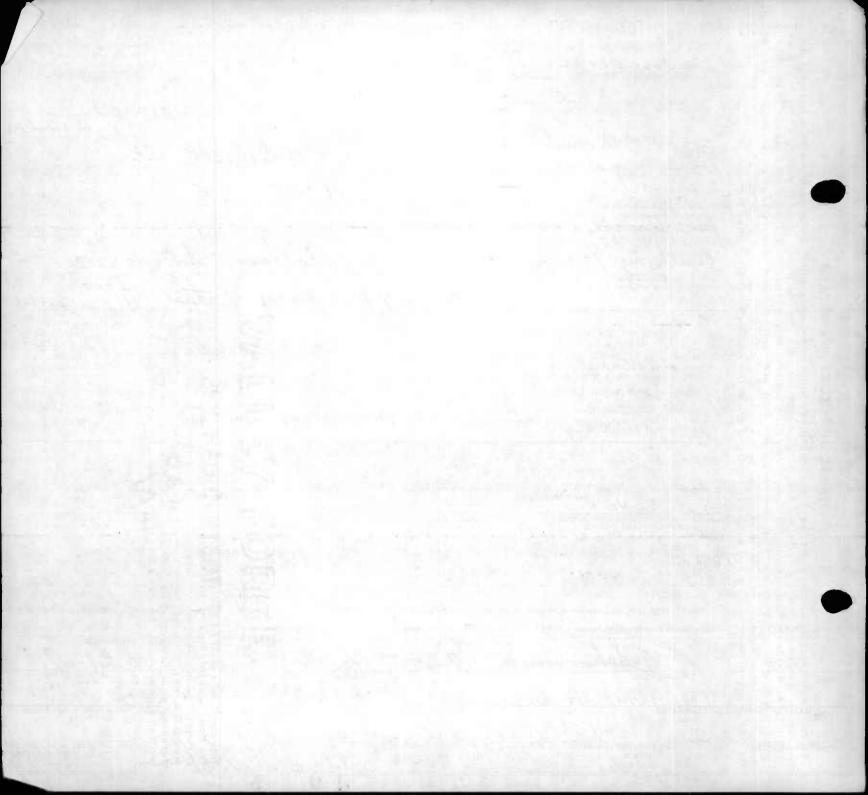
APR 24

VS 150-REV. 1/1/65

1967

Such

	BALTIMORE CITY	HEALTH DEPARTMENT	WEST TO	67	1000
BIRTH NO. 67 4003	CERTIFICA	TE OF DEATH	Registered No	0/	2000
1. NAME OF DECEASED (Type or Print) OSE Phine D	NOVAK	2. DATE AND 4-18	HOUR OF DEATH		AA
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		titutian: residence	before odmission)
FULL NAME OF (If not in haspital or institution, gr HOSPITAL OR address or location)	ve street	C. CITY OR TOWN (If outsi	ide city limits, write R		wnship) 21224
3215 O'Donnell St		106111	ural, give location)	St.	
5. SEX 6. RACE 7. MARRIED, I WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In yeors	If Under 1 Yr. Manths Doys	If Under 24 Hrs. Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n cauntry)	12. CITIZEN OF WHAT COUN	NTRY?
done during most of working life, eyen if retired) Jousewife 13. FATHER'S NAME Authory Dubiel 15. Was Decorated Events II. S. Amed Favor?	are in t	14. MOTHER'S MAIDEN NAM Magdalene	a Sk	wiru	·L
(Yes, no or unknown) (If (Yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 215-18-2097	//	Merten	ADDRES 4/10 Gran	ite ao
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	PMORHALE	ONSET A	R 24/67
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., in means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	DUE TO				7/6/
	DUE TO	lid SCLEROTIC /		2	#4 04 040000000000000000000000000000000
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.	(c) <u>('ARI</u>	DIOVASGULAR I	DUSEASE		
UNDERLYING CONDITION Iosi. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		VE			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	208. IF YES, WERE F	INDINGS CONSIDISES OF DEATH?	ERED
		on or obout 21C. WHERE DID office bldg., INJURY OCCUR?		City, give exact lo	ocotion)
21D. TIME (Month) (Doy) (Year) (Haur) 21E.	INJURY OCCURRED	21F. HOW DID INJU	ONE		
		FFB 24 19	67 to Al	/ 0	- /
and haur and from the causes stated above. (1)	(We) (did) (did tot) v	-		23 B. DATE SIGNE	
E-G. Schemeinek	Phy	ending Med. Spirector Spirector P	Staff Phys.	4-21	1-67
EMMANUEL A. SCHIM	UNEK M.D.	842 5.8	ast are	Batte .	Red
	t. Stanes	elaus 7	NA (Cit	y, town, or county)	
Eural #22 67 St. 75A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF APR 24 1967	E tar Benga	25C. FUNERAL DIRECTOR	1 Hollme	ADD 30	218 Hu



BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. BEALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NO. 7 4004

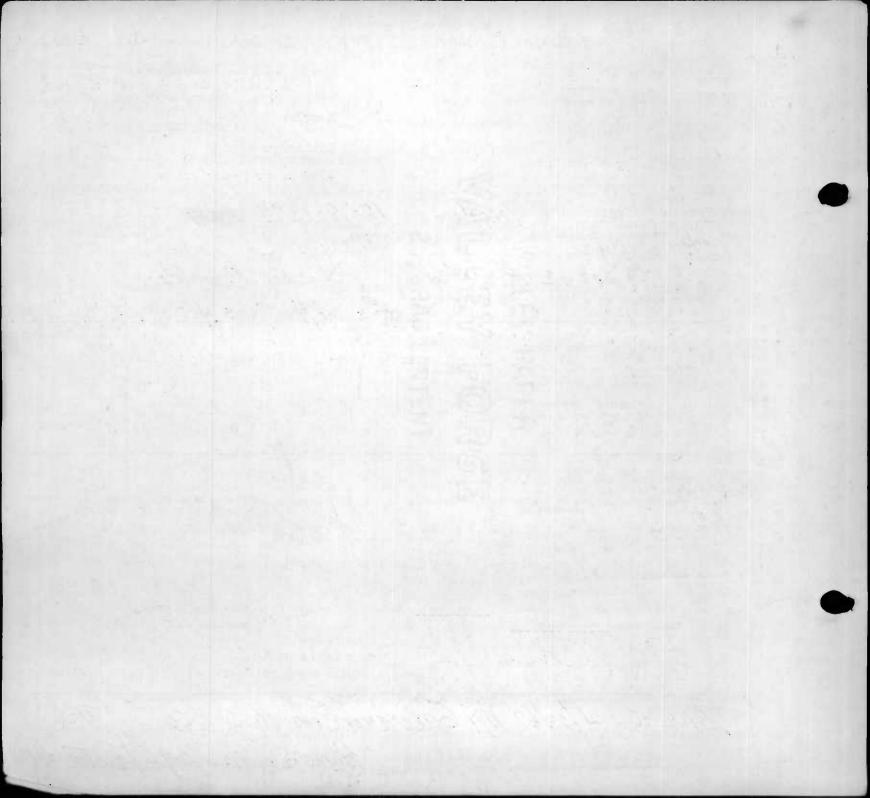
M.E. CASE NO.			
). NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCE	
ST 3. PLACE IN BALTIMORE, MARYLAND,	TERLING HARDY	4-23-67	10:50 RM
3. PLACE IN BALTIMORE, MARILAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If ins A. STATE MARYLAND	UNIX
HOSPITAL OR ACCRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, writ	e RURAL and give township)
INSTITUTION		Baltimore	17-64
UNION MEMORIAL HO	SPITAL	D. STREET ADDRESS (If rurol, give locotion)	-
		2226 N. Calvert Street	21218
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.
Male Colored		Mar. 26-16 46 51	
to A. USUAL OCCUPATION (Give kind of w done during most of working life, even if retired		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		N.e,	4.5'
13. FATHER'S NAME	10 1	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 116, SOCIAL	Mattle VYaTS	ADDRESS
(Yes, no or unknown) (If yes, give wor or d		0'0	12-1 CH
		Sister 333 E. 2	2.30
E9020	CAUSI	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA			
(This does not mean the mode heart failure, asthenia, etc. It mea	of dying, e.g., DUF TO	iocerebral injuries	99 AA9 99 90 AAAAAA ********************
injury or complication which couse	d deoth.)		
ANTECEDENT CAU	SES		
DISEASES OR CONDITIONS, IF			***************************************
UNDERLYING CONDITION LAS			
<u>[5</u>]	(0)		
OTHER SIGNIFICANT CONDITION			
DISEASE OR CONDITION CAUSI	NG IT.	ty liver	
WAS P	ONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FIN CERTIFYING CAU	
V 21A, EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, goffice bldg. INJURY OCCUR?	ive exoct location)
UTING CAUSE OF DEATH.	Sidewalk	2226 N. Calvert Stre	et / 3 - 0 4
21 D TIME (Month) (Doy) (Y	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR? Ap	parently fell from
(ADDROV)	73:25 WHILE AT NOT AT V	WHILE X 2nd story window duri	ng delirium tremer
22. I certify that I held an		stapsy X and that an this basis, death in	my apinian
resulted fram: Natural			
	The state of the s	CHIEF MEDICAL EXAMINER X	
ACTUAL //	Wisher M. B.		DATE SIGNED
SIGNATURE EXAMINER'S		ASSOCIATE MEDICAL EXAMINER	4-24-67
NAME (Type) RUSSEI	LL S. FISHER, M.D.		
23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City	, town, or county) (Stote)
Burial 40	17-61 Mux. (31	4214 1001TO.1	MY.
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL PIRECTOR	ADDRESS
APR 24 1967	Robert E, tarbey MA	C. Wainwall The	nolson au
VS 151-REV. 1/1/65	1 10 , ", 0 0	0 1 0 1 2	
1400	9 9 0 1 0		1

George Hardy Wattie Watson
Sister 333 E. 224 St

Bechial 4-27-0 Mist- Calvary 1991 to 1760

- 20	10		-	-		
A	16.1	a	E	8	I	
13	3	16	8	- 8	~	
-2	1	3	η.	3	2	

H-626	67 4005 BIRTH NO. M.E. CASE NO. BALTIMORE CITY HEA MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.67 4005
	1. NAME OF DECEASED (Type or Print) SADIE HARGROV	ZE April 20, 1967 7:30 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write BURAL and give township) Baltimore
	4548 Derby Manor Drive	D. STREET ADDRESS (If rurol, give locotion) 4548 Derby Manor Drive
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Female Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTING A COUNTY OF BUSI	Maryland WHAT COUNTRY?
	13. FATHER'S NAME LOLDE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	14. MOTHER'S MAIDEN NAME LICEY BROOKS 17. INFORMANT ADDRESS
	(Yes, no orunknown) (If yes, give war or dates of service) SECURITY NO.	Exnest Har giver 45-48 Der by Manon
	DISEASE OR CONDITION DIRECTLY	osclerotic Cardiovascular Disease.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	O UNDERLYING OR CONTRIB-	office bldg., INJURY OCCUR?
	OF INJURY (APPROX.) WHILE AT NOT WORK AT	WHILE WORK
	ACTUAL Suici	ond that on this basis, death in my opinion de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S Charles S. Petty	ASSOCIATE MEDICAL EXAMINER 4/20/67
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF COMETERY REMOVAL (Specify) 423/67 COLD 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	Or CREMATORY 23D. LOCATION (City, town, or county) (Stotal) ANY COMPANY (Stotal) [24C. FUNERAL DIRECTOR (STOTAL)
	VS 151-REV. 1/1/65	Rayner Sanders 217 6. Treston St



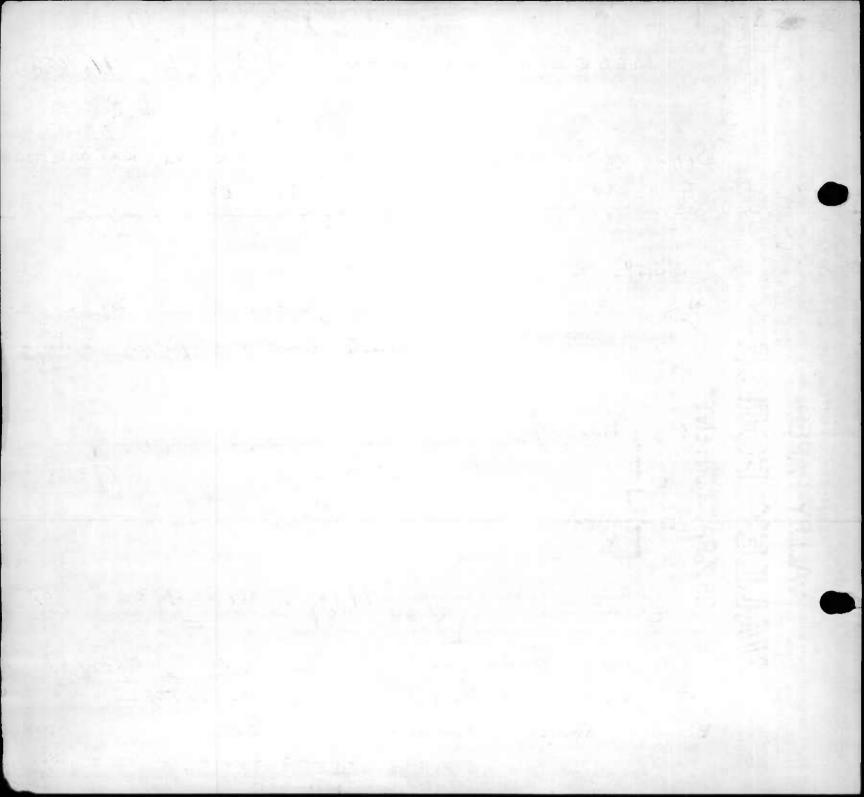
0	BIRTH NO. 67-687 17 4006	BALTIMORE CIT	ATE OF DEATH Registered No.	. 67 4006
>	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) PORTER, B		2. DATE AND HOUR OF DEATH	57 12:15P.
death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give sweet oddress or location) ST. AGNES HOSPITAL		4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission
0			C. CITY OR TOWN (If outside city limits, write BALTIMORE D. STREET ADDRESS (If rurol, give location)	RURAL ond give township)
de.			123 W. Meadow Rd. B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
is me	FEMALE WHITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	4-20-67 lost birthday AY	Months Doys Hours Min.
ition	10A. USUAL OCCUPATION (Give kind of work lob done during most of working life, even if retired) NEW BORN	, KIND OF BUSINESS OR INDUSTR	BALTIMORE, MARYLAND	U.S.A.
the	RAY R		JEANETTE M. MC CULLEY	1
° =	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
anc fin	18. 736 42 V	CAUSE	ST. AGNES HOSPITAL RE	INTERVAL BETWEEN
n was in regular affendance remains are embalmed or fina	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not meon the made of dy heart failure, asthenio, etc. It means the injury or complication which coused decomplication conditions, if any, rise to the above cause (A) sto UNDERLYING CONDITION last.	ng, e.g., DUE TO (sisease, oth.) (B) DUE TO giving the (C)	Prematurity w/ mulhple Congratal anomalies; - Claw hands & B f - 7-8 Fistula - Polyaptic Fedney	Peul
the	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
before	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimo	ore City, give exact location)
ained	21D. TIME (Month) (Doy) (Year) (FOF INJURY	While At Not Wh	k 🗀	
be ob	that A) (we) lost saw the deceased a	live on APRIL Z)	19and that in(Xy) (aur) ap	PRIL 21 19 67 Dinion death accurred an the date
ritten approval must	Ph.		ttending Med. Stoff Phys.	23B. DATE SIGNED 4-21-67
prior	PHYSICIANS NAME (Type) HUMBERTO HERNANDI	EZ, M.D. M.D	ST. AGNES HOSPITAL-CATOR	
de ue	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 2 24 67	24C.NAME of CEMETERY of C		City, town, or county) (State) A. A. Go. Md.
其		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Mc Cully	130 E. Fort Ave
	\$50-REV. 1/1/65			

FUNERAL DIRECTOR: IMPORTANT

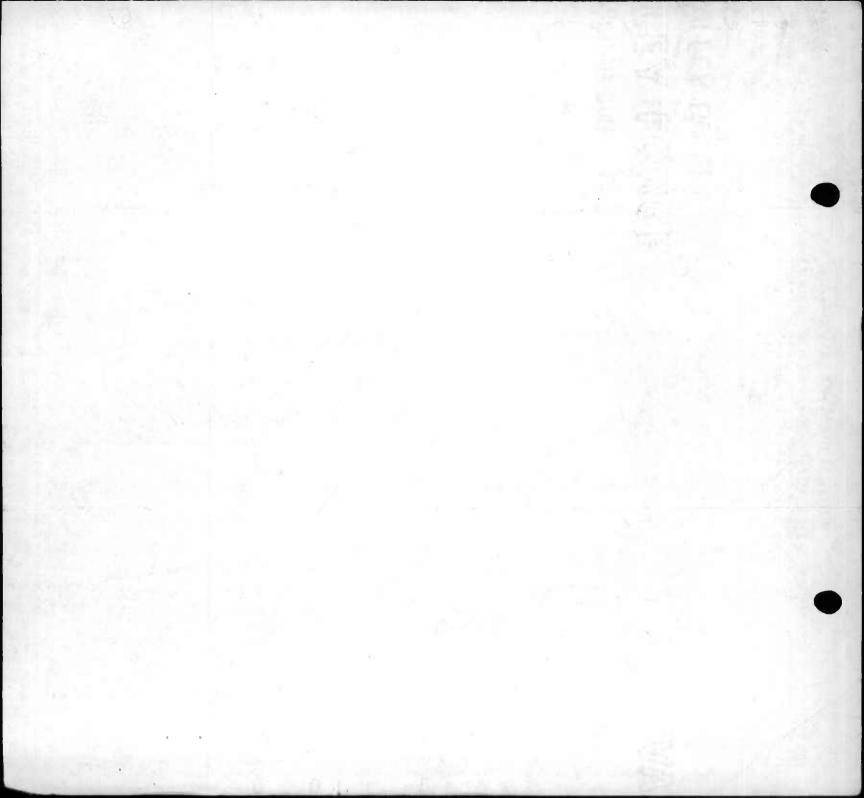
d by the chief medical examiner or his assistant if death occur. In a hospital and shows: (1) An accident of any he body was released to th This certificate must be appy

sture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased repital by a medical examiner. Also, if the direct or contributing cause of death A. at a hospital (except where the physician who pronounced death

	BALTIMORE CITY	HEALTH DEPARTMENT	1	CM ADDM
BIRTH NO. 67 4007	CERTIFICA	TE OF DEATH	Registered No	07. 4007
1. NAME OF DECEASED (Type or Print) REBECC	A SEIDM	AN 2. DATE AND	20/67	19.45 AM
3. PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where	e deceased lived. If in	stitution: residence before odmission)
	institution, give street	Md		Balta. G
HOSPITAL OR oddress or location) INSTITUTION		BALTIM		URAL ond give township)
40		D 1 D D D D D D D D D D D D D D D	1 1 1 1 1 1 1	23-00
Sinai Hospi	TAL	8608 LUC	erne Ra	RANDALLSTON
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work) (done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relifed)		Russia	3	USa
13. FATHER'S NAME	-	14. MOTHER'S MAIDEN NAM	A E	
aland.		Fannie		
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give war or dotes		17. INFORMANT		ADDRESS
NB	JECOKIII IKO.	Harry Soulan	h - 0	Some
18. 420.1	CAUSE C	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CTLY	+ 200	1:070	ONSET AND DEATH
LEADING TO DEATH	ving, e.g., DUE TO	cute myoca	de at hugas	tion 2 days
(This does not mean the mode of d heart failure, asthenia, etc. It means the	ne disease,	/	•	,
injury or complication which caused d ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if an	DUE TO			
rise to the above cause (A) s UNDERLYING CONDITION last.				
_ 11				
O THE DEATH BUT NOT RELATE	NTRIBUTING A	5. H. D		YEARS
DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No	20B. IF YES. WERE I	FINDINGS CONSIDERED
WAS PERFO		No	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exoct location)
O 21 D. TIME (Month) (Doy) (Yeor)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
22. I certify that (1) (this haspital)			967 10 4	120 1967
that (I) (we) last saw the deceosed	1/1			man deoth occurred an the dat
and hour and from the causes state	•	•		
23A. SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	view the body after deaths.		23 B. DATE SIGNED
Edurado 4	tidalgo M.D. Att	rending Med. Director	Stoff Phys.	4/20/67
23C.PHYSICIAN'S		23D. ADDRESS	- 11, 60	
ENUARDO	HIDAL 6 DM.D.	Sinai	HUSPIT	-4 L
24A. BURIAL CREMATION, 24B. DATE.	24C. NAME OF CEMETERY OF CR	~	,	ty, town, or county) (State)
Bernal (Specify) 4/23/6	7 Rosedale		Selta	md
	5B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	3	ADDRESS
	A A A A T. 1. MA	Sylven S. Z	puis a Son, 1A	oc Garron, Md
VS 150-REV. 1/1/APR 24 1901	Lokew, C.	0 4 0 1 5	1	



	BALTIMORE CITY HEAL	TH DEPARTMENT		27 4000
BIRTH NO. 67 4008	CERTIFICATE	OF DEATH Regist	tered No.	4000
(Type or Print) WAYY'S ANCEMA	Tressel	2. DATE AND HOUR	OF DEATH	1205
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, g HOSPITAL OR oddress or location) NSJITUTION	A. ST.	mary land	dived. If institution: r	alts Es
36 Ha Ca	down D. ST	REET ADDRESS (If rurol, give	conty location)	93-00
(alan (an) queme	604/1.	121 Smith	HUR-	2).
Female White Wi	DIVORCED (specify) dow	29-85 lost birthdo	2 Months	Pry Yr. If Under 24 Hrs Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working lite, even if retired)	BUSINESS OR INDUSTRY 11. BIE	Maryland	12. CITI WH	ZEN OF AT COUNTRY?
John S. Hanken	14. M	RASA CAN		(R-) 1/1
15. Wor Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	ORMANT HOCK HAS	chat.	ADDRESS
18. / 7 / 1	CAUSE OF DEA	тн		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Bro	neopueumo	ma	recont
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	arcora Dere	y (postan	n.) =
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	IC) MEN	& lungs, +	ilat !	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION FOR W	HICH OPERATION 20	A AUTOPSY? (Yes or No.) 208. IF Y	ES, WERE FINDINGS	CONSIDERED DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY(e.g., in or obc , form, foctory, street, office bld	g., INJURY OCCUR?	in Boltimore City, giv	e exoct (Scotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E.	Not While At Work	21F. HOW DID INJURY OCCU	J R?	
22. I certify that (this hospital) attended the	(- 2/	/		th occurred on the dot
ond hour and from the couses stated above. (I)	9	1	23 B. DA	TE SIGNED
23C. PHYSICIAN'S NAME (Type)	M.D. Attending Phys. 23D. AL	Med. Stoff Phys. DDRESS	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	-21-65
24A. BURIAL CREMATION, 24B. DATE 24C, NA	ME OF CEMETERY OF CREMATO	Franklin Sc RY 240. LOCATION	quare t	lospital or county) (Stote)
REMOVAL (Specify) Burial 4 25 67	Union Chapel	Harford C	o. Md.	
APR 2.4. 1987	REGISTRAR 250	Mc Cully	130 1	ADDRESS E. Fort ave
VS 150-REV, 1/1/65	1 1 0 0	1011		



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VS 150-REV. 1/1/65

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attendance

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before B. COUNTY A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN (If outside city fimits, write RURAL and give township) INSTITUTION ADDRESS AUGUSTA 9. AGE (In years MARRIED, NEVER MARRIED If Under 24 Hrs. 5. SEX If Under 1 Yı. Months Days WIDOWED, DIVORCED (specify) lost birthday Hours 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tile, even if retired) HOUSEKEEPER HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAR 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. N 18. 🗸 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, asthenia, etc. II means the disease. injuly at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A, ACCIDENT WAS UNDERLYING City, give exact location) (If in Boltimore OR CONTRIBUTING CAUSE OF AL DEATH (notify medical examine) atr.) MEDIC. 21 D. TIME OF INJURY (Month) (Doy) (Year) (Houl) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX) Work At Work 22. I certify that W (this hospital) attended the deceased from that (W(we) lost saw the deceased alive on. and that in (my) (our) apinion death accurred on the date and hour and fram the causes stated above. (M'(We) (did) (did net) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. Stafl Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type), M.D. bal 24A. BURIAL CREMATION, DATE 24B. 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (Stote) REMOVAL (Specify) written 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

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	67 4010	BALTIMORE CITY	HEALTH DEPARTMENT		67 4010
	TH NO.	CERTIFICA	TE OF DEATH	Registered Na.	70.0
I,NA	E CASE NO. IAME OF DECEASED De or Print LARKIN, MADELIN		2, DATE AND	21, 1967	6.45 P
	LAKKIN, MADELIN	IE MAKI	4. USUAL RESIDENCE (Where	deceased lived, if in	nstitution; residence before admission)
			MARYLAND 212	Υ	
H	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) NSTITUTION	ion, give street	C. CITY OR TOWN (If outsi		RURAL ond give township
			BALT IMORE		24-03
2	T. AGNES HOSPITAL		1206 BATTERY	orol, give location) ΔVFNIIF	
. SE		RIED, NEVER MARRIED	B. DATE OF BIRTH 9.	. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	EMALE WHITE MA	ARRIED	11-27/07	59	
lone	. USUAL OCCUPATION (Give kind of work 10 B. KINE e during most of working life, even if retired)			n country)	12, CITIZEN OF WHAT COUNTRY?
H	IOUSEW I FE	NONE	MARYLAND		USA
	FATHER'S NAME		14. MOTHERS MAIDEN NAM		
	AMES KRAPP		ANETTA DENGLE		
S. W	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	CATON & WILL	KENS AVES	.,BALTO.,MD.2122
	NKNOWN	UNKNOWN	HOSPITAL RECOF	RDS-ST.AG	NES HOSPITAL
1	18. 15 O CONDITION DIRECTLY	CAUSE O		,	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Jarenno of	the or La	andre
	(This does not mean the mode of dying,	e.g., DUE TO	Savenno of Sopretion por es		700
	heart failure, asthenia, etc. It means the diserinjury or complication which coused death.)	ose,	A. Tala		
	ANTECEDENT CAUSES	(B)	40 brenew lan	em rug.	
	DISEASES OR CONDITIONS, if ony, give	iving			
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	1he (C)	Pade 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	***************************************	
	11				
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
CAT	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	TOO A ALLEMBONS (Van of No.)	OOD IF VEC WEDE	THE CONGRESS
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION F		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	in or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
4	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, lorm, foctory, street, of etc.)	Ifice bldg., INJURY OCCUR?		
	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
> 1	OF INJURY (APPROX.)	While At Not While Work At Work	le		
+	22. I certify that ()((this hospital) attended			67 10 APR I	L 21. 19.67
	that M) (we) last saw the deceased alive				inian death accurred an the dat
				Thymnyy (doir, dp.	nian death accorred an the dai
	and haur and fram the causes stated above	e. X() (ue) (aia) (X(X/X())	view the body after usum.		23 B. DATE SIGNED
	Pat 1 Min	M.D. Atte	ending Med. S	Stoff Phys. X	4-21-67
	23C. PHYSICIAN'S	Phy	ys. Director P	'hy s. ∆	RAITO MD 2122
	PETER ERBGUTH, M.D			PITAL-CAT	ON & WILKENS AV
24A	A. BURIAL CREMATION, 248, DATE 24	4C. NAME of CEMETERY OF CRI			ity, town, or county) (Stote)
	REMOVAL (Specily)				11/7, 10 411/7 0. 00 2
	Burial 4 25 67	Cathedral ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	Lto. Md.	ADDRESS
	APR 24 1967	5 E. FarleyAR	Mc Cully	130	
V/6	150-REV. 1/1/6S	0 4 7 0 0	O A O	٠	E. Fort ave
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 BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

3. PLACE OF DEATH IN BALTIMORE,

(Type or Print)

Such

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25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

ERTIFICATE OF DEATH

4. USUAL

If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S. INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death accurred an the date 23B. DATE SIGNED 25C. FUNERAL DIRECTOR

Registered Na.

6

RESIDENCE (Where deceosed lived. If institution; residence

DEATH

ond give tawnship)

2. DATE AND HOUR OF

SISTERMA ME KATHARA L. Claymey 5 75 5 11

	BALTIMORE CITY HEALTH	DEPARTMENT 67	1012
D-516	BIRTH 607 4012 MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH Registered Na.	XO 1.14
4 - 10	M.E. CASE NO.		
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD	
	JOHN JOSEPH DOMBROSKY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD [4.	4-19-67 10:25 USUAL RESIDENCE (Where deceased lived. If institution: residence before	5 AM M.
	A. PEACE IN BALLIMORE, MARILAND, WHERE PRONOUNCED DEAD	STATE B. COUNTY	. 001111331011)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give town	nship)
	HOSPITAL OR ADDRESS OR LOCATION)	10	-13
	2626 N. CALVERT STREET - Amb. Crew #3	Baltimore D. STREET ADDRESS (If rurol, give location)	0
	TOTAL OF CHART STREET MINDS OF CW #3	2626 N. Calvert Street 21218	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B.		der 24 Hrs.
	Male White WIDO WED, DIVORCED (specify)	DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If U	irs Min.
	IDA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11.	AUSUST 12 1940	1
	done during most of working life, even if retired)	WHAT COUNTRY	1?
	Worker for Baltimore City (13, FATHER'S NAME 14.	Cumberland Md. U.S.A.	
17.	IS. PAINERS NAME	MOTHER'S MAIDEN NAME	
	Eugene F. Dombrosky Deceased.	Margaret Hannon	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	Mrs. Margaret Dombrosky.	
	No	8007 Delhaven Road Baltimore Md.	
	IB. CAUSE O	F DEATH INTERVAL	
	DISEASE OR CONDITION DIRECTLY	ONSET AN	DEATH
	LEADING TO DEATH Hemorr	hagic pulmonary edema	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		^
	injury or complication which coused death.		
	ANTECEDENT CAUSES ASpir	ation of gastric contents	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	**************************************	
	UNDERLYING CONDITION LAST.	cication with barbiturates and Mellari	1
	0	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	BENTH TO THE STATE OF THE STATE	
	TO THE DEATH BUT NOT RELATED TO THE		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED	
	WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH?	
	Z1A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB-	or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) te bldg., INJURY OCCUR?	2 7 2 7
	CAUSE OF DEATH.		7/3
	HOME 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	2626 N. Calvert Street 21F. HOW DID INJURY OCCUR? Transferd overd	222
	OF INJURY	11.600 101 0 101 1	ose
	4 19 07 : m. WORK AT WOR	of barbiturates and Mellaril	
	22. I certify that I held on Inquiry Inspection Autop	sy XX and that on this basis, death in my opinian	
	resulted from: Natural causes Accident X Suicide		
		CHIEF MEDICAL EXAMINER X	
	ACTUAL A	SSISTANT MEDICAL EXAMINER	IGNED
		SSOCIATE MEDICAL EXAMINER 4-19-	-67
	EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D.	DUGGATE MEDICAL EXAMINER	
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or C	CREMATORY 23 D. LOCATION (City, town, or county)	(Stote)
	Burial 4/22/67 St. Patricks (Cem Cumberland Md.	
	24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS	
	APR 24 1967 Result & Jallyna	Lavis Steen Inc. Charles la	omo
	VS 151-REV. 1/1/65	1) construction	170
	V11109 6 7 8 0 0	1 1 0 9 0	

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Suchail 4/22/67 Ut. Patricks Con

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4013	BALTIMORE CITY HEALTH DEPARTMENT
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CEDTIEIT ATE OF DEATH

Registered No.

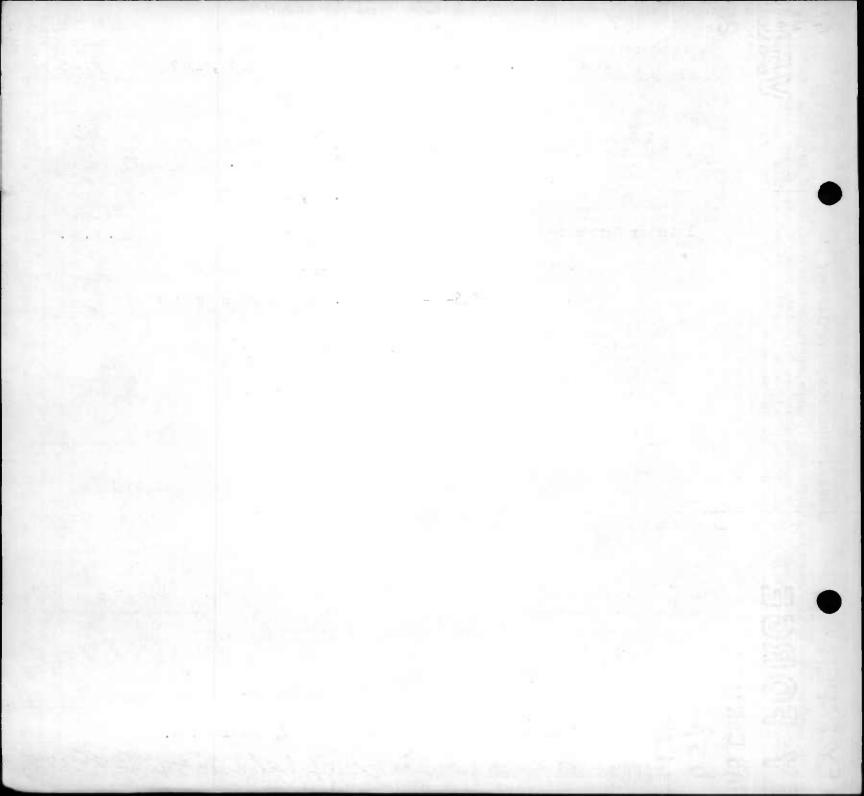
MEARS & SON 805 N. CALVERT ST.

M.E. CASE NO.	CERTIFICA	IE OF DE	AIN	
TINAME OF DECEASED	0_		2. DATE AND HOUR OF DEATH	67 1000
" MIKKI AT C/	2 K.	T	4-22-67	2:00 A am
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE	B. COUNTY	an: residence before admission)
FULL NAME OF (If not in hospital or institution,	give street	MO.	Dallo	
HOSPITAL OR oddress or location) INSTITUTION			VN (If outside city limits, write RURA	L ond give township)
22 MICRIM 1/2	SD ~	D. STREET ADD	RESS (If rurol, give location)	5-02
3/1000/ #	V	8(1 8	· Baltimore &	R.
5. SEX 6. RACE 7. MARRIED	D, NEVER MARRIED	B. DATE OF BIRT	H 9. AGE (In years If	Under 1 Yr. If Under 24 Hrs.
M	W	2-14.	76	
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND Odone during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	1 1 1	CITIZEN OF WHAT COUNTRY?
PRINTER CUNEO EASTERN	PRESS	V'hi ca	olelphia Pa.	4.5.
13. FATHER'S NAME		14. MOTHER'S M		
Oscas of	27	1	tura Howard	7
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT	FRYE, JR. 309 H.	ADDRESS TCHI. AND T.A.
7	10	1100 11011	FEY BRYN	MAMP DENNA
1B. F 9/6/4 V-163X	CAUSE O	DEATH	O. Brita	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	7 / 1 / Up!	JE25/	Emic Hock	1 da
(This does not mean the made of dying, e.g.	E SE SOUTE OF	27/11		1 200-9
heart failure, asthenia, etc. It means the discoveringury or complication which coused death.	到人大	. 0	00 100 100	12
ANTECEDENT CAUSES	a 5 8 Bur	us of \$	3 of 18 toote (Ex	2 ws
DISEASES OR CONDITIONS, if any, Thing	A SO DUE TO -			
rise to the above cause (A) stating -the		00000 00x xx xx 00 xx 00 000 00 00 00	/	-000
UNDERLYING CONDITION last.	3 88			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	5 5 11	1. 1	0	
	E Reafic (a of	lung	
19A. DATE OF OPERATION 19B. CONDITION FOR	1 10 0	20A. AUTOPS	(? (Yes or No) 208. IF YES, WERE FIND	
H-18-6/	Efriden Ent	7 8	ye ye	-
OR CONTRIBUTING CAUSE OF ho	B. PLACE OF INJURY (e.g., in me, farm, factory, street, of	fice bldg., INJURY	OCCUR?	y, give exoct locotion)
DEATH (notify medical examiner) etc	Home		E. Baltimore St.	-0-0-2
OF INJURY	E. INJURY OCCURRED		W DID INJURY OCCUR?	
	hile At Not While At Work	× X	it a box of matches	
22. I certify that (1) (this hospital) attended	the deceased from H	-10-67	19 to H	226)19
that (1) (we) last sow the deceased alive on.	4-22-	699	ond that ip my (our) apinion	death occurred on the dot
and haur and from the causes stated above	(I)(We) (did)(did nat) v	iew the body at	fter death.	
23A. SIGNATURE			23 B	DATE SIGNED
Stephilan for the cut	ellu M.D. Atte		Aed. Stoff Phys.	4-22-62
23C. PHYSICIAN'S		23D. ADDRESS		
JERHAN TOUC	THANW M.D.		illey Hoo	P.
REMOVAL (Specify)	AME of CEMETERY OF CRE	MATORY	24D. LOCATION (City, to	own, or county) (Stote)
CREMATION 4/22/67	GREENMOUNS	7	BALTIMOTE,	MD.
25A. DATE TODBY HEALTH DEPT. A 25B. NAME	OF REGISTRAR	25C. FUNERA		ADDRESS

Salte . 36 Mars 5 ofwar Ho and They be in the first 3 11-8-67 Distablished 16-2 16-william to the stanten 13-554 1 TENDEN J. WITHINK MELLEY HOOP. * 11 % THE REPORT OF THE PARTY OF THE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). ₹

		67 401	4	BALTIMORE CITY	HEALTH DEPARTMENT		CP ADA
BIRTH N	NO. ASE NO.	0/ 403/	ž.	CERTIFICA	TE OF DEATH	Registered No.	67 4014
	E OF DECE	Otto	W.	Course		D HOUR OF DEATH	4
3. PLAC	CF OF DFA	TH IN BALTIMORE, MA		Gauger	APTI	1 23, 1967	nstitution: residence before admission
FULL	. NAME OI	(If not in hospital	or institution,	give street	Maryland	TY	
	PITAL OR ITUTION	Benkert Aver			c. city or town (If out Baltimore		RURAL ond give township)
0		altimore, Man		21229	2 Benkert A		29
s. sex	ale	6. RACE White	WIDOWE	NEVER MARRIED D. DIVORCED (specify) LOWED		9. AGE (In years lost birthday) 89	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
		PATION (Give kind of world or king life, even if retired)	10B. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
I	Interi	or Decorator			Germany		U.S.A.
3. FAT	HER'S NAM	E	1		14. MOTHERS MAIDEN NAM	ΛE	
	Geor	rge Fred	derick	Gauger	Marie	Dodderer	
5. Wes	Deceased of unknown)	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Vo	None	- 51 36111661	216-03-9839	Mrs. William I	serm same	address
1B.	40	2./1		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY		+ 0 1	0 1.	
		LEADING TO DEATH		(A) ar	Herosclerotic	Cardio.	notine.
		ol mean the mode of asthenia, elc. 11 meons		DUE TO	teriosclarotre Vascular		9 9
		plication which caused				- cece	e
	A	NTECEDENT CAUSES		(B)			
		R CONDITIONS, iI					
		obove cause (A)	stating the	(C)			
ATIO	SEASE OR	HICANT CONDITIONS CATH BUT NOT RELACED CONDITION CAUSING	ATED TO TH	IE	18.		
I 19A	DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR	CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	21 E hon etc.	ne, form, foctory, street, of	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exact location)
S OF	INJURY PPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Alle At Work At Work	21F. HOW DID INJ	URY OCCUR?	
22.	Lcertify	that (I) (this hospita			xe 14, 1	96/ to 1	121 23 196
		last saw the decease		1	4	. /	inian death accurred an the
		1.		/)	iew the body after death.	ar miliny, t our, api	man death accorred an the
	. SIGNATU		**** ODGAS* (1/ (10) (010 not) v	iew the body differ death.		23 B. DATE SIGNED
	C	XXXX	1 - 0 - 0 -	M.D. Atte	ending Med.	Stoff Phys.	4-24-67
23 C	NAME (T)		90		416 Edmon	Ason Ane	B. Oct 20121
24A. BU	JRIAL CREA	MATION, 248. DATE	1 1240 N	AME of CEMETERY of CRI	MATORY 24D. 16	OCATION (C	ity, town, or county) (State
	MOVAL (S		1/	The state of the s			
	Burial		967	Lorraine Park	Came terv	loodlawn, Md	1



BIRTH NO.

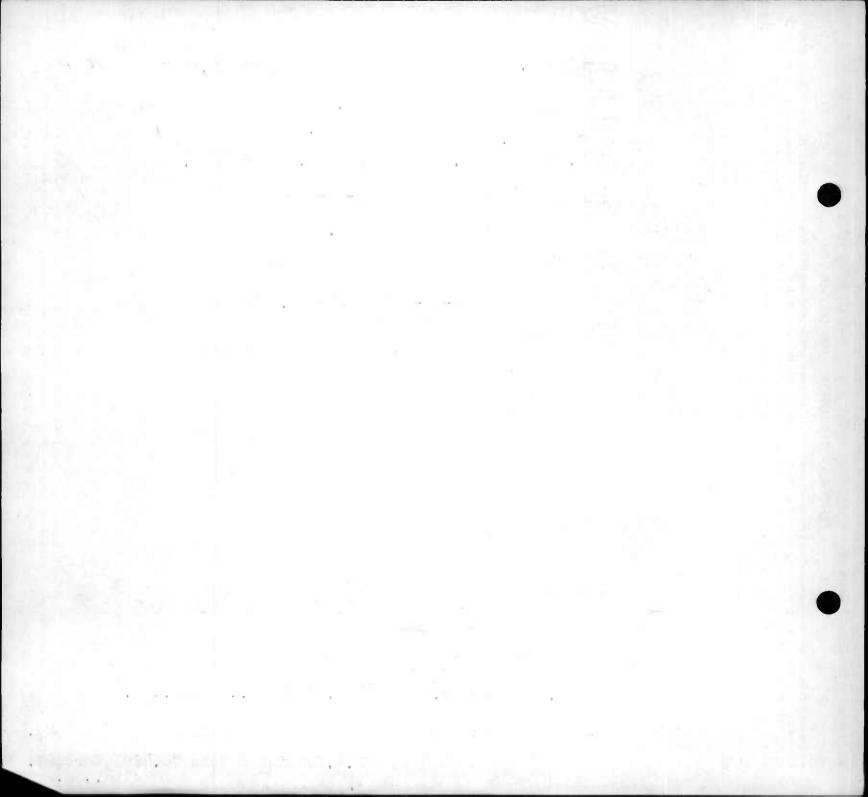
M.E. CASE NO.

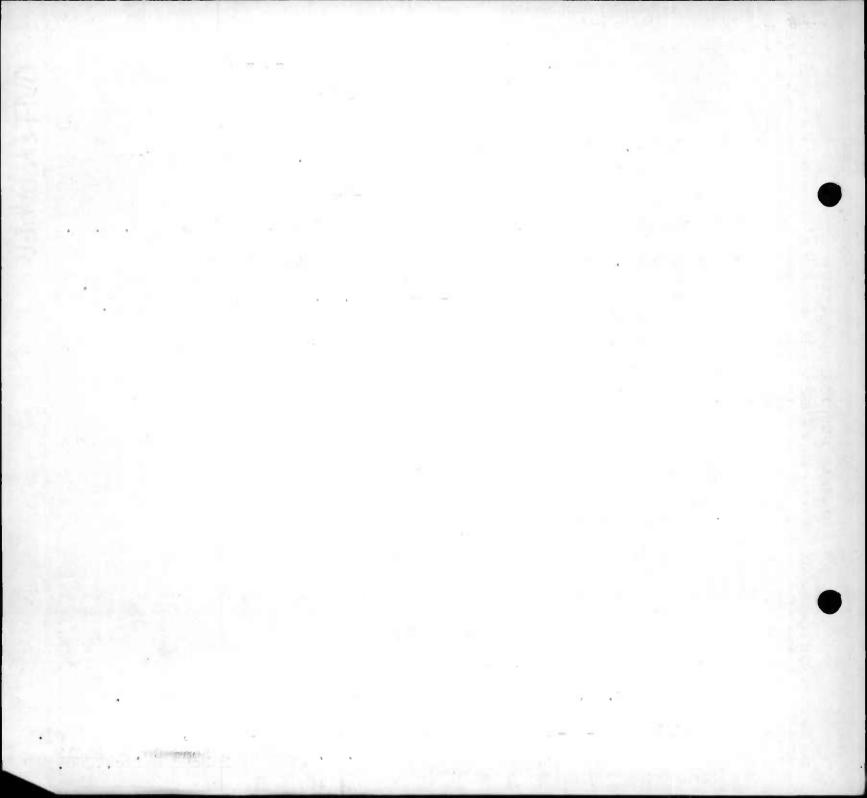
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH non: residence before admission) write RIIRAI ond give township) If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF Union Memorial Hospital Records INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacation) and that in (my) (aur) apinion death accurred an the date (City, town, or county

Legte copy all Commic Pul mine of Eller Hat Shetien Bonchal Edwa 18/18/18/18/18

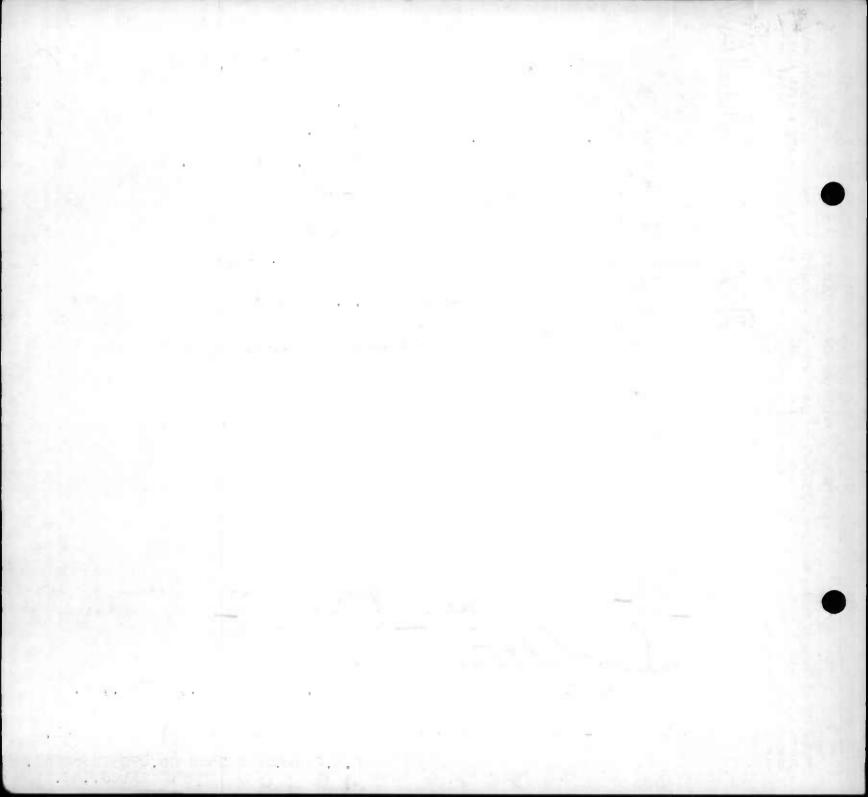
67 4016	BALTIMORE CITY	HEALTH DEPARTMENT		67 4016
BIKIH NO.	CERTIFICA	TE OF DEATH	Registered No.	1010
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) Louise W.	Lockend			I In P.
3. PLACE OF DEATH IN BALTIMORE, MARYLANI	DOCKATO	4. USUAL RESIDENCE (When	re deceased lived. If insti	tutian: residence befare odmissi
			111	
FULL NAME OF (If not in hospital or instit oddress or location)	C. CITY OR TOWN (If our	tside city limits, write RU	RAL and give township	
INSTITUTION	Balto.			
Homewood Apt:	3.	11	rural, give location)	
3003 N. Char:	les St	3003 N. Cha	nles St	
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24
F W WIT	idowed (specify)			If Under 1 Yr. If Under 24 Months Days Hours Mir
6A. USUAL O CCUPATION (Give kind of work 10B, KI		4-19-1882	85	12, CITIZEN OF
lone during most of working life, even if retired)				WHAT COUNTRY?
	m Home	Md.		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
John Randolph Wright		Mary Thomp	son	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(If yes, give war or dates of se	security No. 220-44-403	Holes T C	To and and	A 3
	CAUSE 0		Layton	Above
18. 7 20, OI	CAUSE O	PULATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Á	<td>1 -</td> <td></td>	1 -	
(This does not mean the mode of dying,	e.g., DUF TO	- Sheart d	la ease	Lyn.
heart failure, osthenia, etc. It means the di	sease,			
injury or complication which caused death.	(B)			
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stating				
UNDERLYING CONDITION last.	107		************************	
II				
OTHER SIGNIFICANT CONDITIONS CONTRIL				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
194. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	,	No	CERTIFICATION CAUS	es or beam.
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in home, farm, foctory, street, at	fice bldg. INJURY OCCUR?	(If in Baltimore (City, give exact location)
DEATH (notify medical examiner)	etc.)			
	21 E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	While At Not Whil			
	Work At Work		-1-	1
22. I certify that (I) (this hespital) after	ded the deceased from		196310 4	1967
that (I) (we) lost sow the deceased alive	e an A	19 ond th	ot in (my) (our) opini	on deoth occurred an the
ond haur and fram the couses stated abo	ve. (I) (We) (did) (did noi) v	iew the bady ofter death.		
23A. SIGNATURE	0		2	3B. DATE SIGNED
ma RF	M.D. Atte	ending Med.	Staff Phys.	4/24/10
23C-PHYSICIAN'S	- Charleton In	23D. ADDRESS	,	11-1/6/
Norman R. Fr	eeman Jr. M.D.	11 W. 29th S	t., Balto.	.Md .
REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE			town, or county) (Stot
Burial 4-24-67	Druid Ridge	P	ikesville	Md
10001	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
APR 24 1967 R	2 5- 8 Fr. a.	H.W.Jenkins	& Sons Co	.4905 York Rd
/\$ 150-REV. 1/1/65	5	7007		Balto . Md.





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7	w,		BALTIMORE CITY	HEALTH DEPARTM		CD 4040
BIRTH NO.	67 40	18	CERTIFICA	TE OF DEA	TH Registered No.	67 4018
A.E. CASE NO.				2. D	DATE AND HOUR OF DEATH	222
Type or Print)	Stella	G C14	Antron	Δ	pril 23, 1967	300
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	Javol -	4. USUAL RESIDEN	CE (Where deceased lived, If in	stitution: residence before odmissi
				A. STATE	B. COUNTY	
FULL NAME			give street	Md.		
INSTITUTION	oddless of locotto	n)		C. CITY OR TOWN	(If outside city limits, write	RURAL ond give township)
25 24	3700 N. Cha	י פבותו	3+	Balto.		0
20	7100 H. OHE	TTOB I	50.	D. STREET ADDRESS	(If rurol, give locotion)	
No. of the last of				3700 N.		
SEX	6. RACE		, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 I
F	W	Marr		10-7-190		
		10B, KIND O	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
	of working life, even if retired)	0	Home	Canada		USA
Housew		OWIL	тоше	14. MOTHERS MAIL	DENI NI ANAE	UDA
3. FATHER'S NA				14. MOTHER'S MAIL		
Norr	is Esty				Wilkerson	
5. Wos Deceas	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	wn) (If yes, give wor or dote	es of service/	220-46-793]	A T Cla	077079	Above
No					aver	INTERVAL BETWEEN
/	201/1		CAUSE O	FDEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	13.	at a		5 1 2
(This does	LEADING TO DEATH nat mean the made of	duine on	(A) CEC	w c sugo	ented inforce	a survey.
heart failur	e, asthenia, etc. It means	the disease	, , ,	,	· ·	
injury ar c	amplication which caused	l death.)	1	La trus	etan .	1952
	ANTECEDENT CAUSES	5	(B)	typuten I		
DISEASES	OR CONDITIONS, if	any, giving		0		
	The abave cause (A)	slaling the	(C)			D D 10000000000000000000000000000000000
ONDERCIT	NO CONDITION (asi.					
Z	11	CANTRIBUTIA	16			
E TO THE	NIFICANT CONDITIONS (DEATH BUT NOT RELA	ATED TO TI				
DISEASE O	OF OPERATION 198, CON		WHICH OPERATION	20A AUTORSY2 (V	(es or No.) 208 IF YES WERE	FINDINGS CONSIDERED
E MAIDATE !	WAS PER		WHICH OFERATION	2011 A010131: 11	(es or No) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
	and an action of the control of	101	D DI A GE GE INITIEM (1	No	5 DID ((5 :- B-)6	e City, give exact location)
OR CONTRI	BUTING CAUSE OF	hou	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o	firce bidg., INJURY OC		e City, give exoct locotton
DEATH (not	ify medical examiner	etc	.,)			
21 D. TIME	(Month) (Doy) (Year)	(Hour) 211	E. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
OF INJURY			hite At Not Whi	e		
			ork At Work			
22. I certi	fy that (1) (this hospita	l) attended	the deceased fram	Que	1944 to 1	Ahrmy 21 196
that (I) (w	e) last saw the decease	ed alive an.	Frh 21	1967	and that in (my) (aur) apl	nian death occurred an the
and hour o	and from the courses sto	ted abave.	(I) (₩e) (did) (did not) v	iou the hady after	death	
23A. SIGNA	_1/	1 1	4			23 B. DATE SIGNED
	1 M	1	M.D. Att	ending Aed.	Stoff -	41,416).
0	heel h	2 rel	May Phy		tor Phys.	4/24/6),
23.0. PHYSIC NAME		m. 2 to 1		23D. ADDRESS	Chamles CL	Polto Ma
	Samuel 1	wniteh	ouse M.D.	3900 N.	Charles St.,	Dalto. Md.
4A. BURIAL C	REMATION, 24B. DATE	24C. N	AME of CEMETERY of CR	EMATORY	24D. LOCATION (C	ity, town, or county) (Stat
REMOVAL		17 5			1.72 Tander of ass	77 - 7
Burial	4-26-		iverview		Wilmington	Del.
25A. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR	2SC. FUNERAL D		
	APR 24 1967	Jakor 5	E. Falluma	H.W.Jer	ikins & Sons (0.4905 York Ro
VS 150-REV. 1/	1/65	1 0	6 7 0 0	0 1 0	9 6	Balto.,Md.



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and eath ased the Such	1. N.

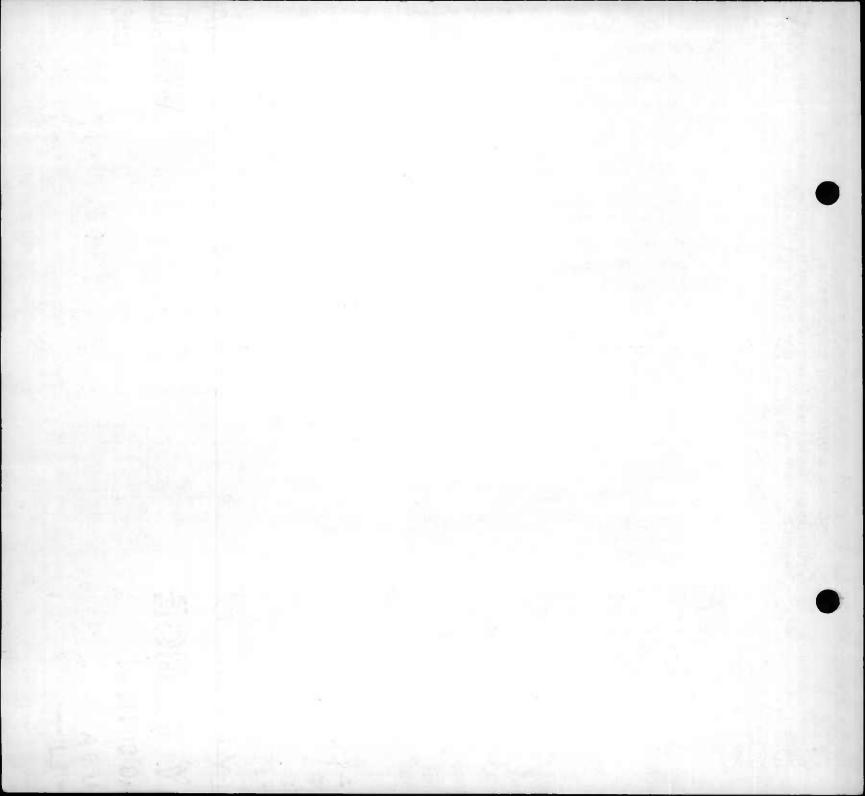
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

1010

BIRTH NO. 67 4U19	CERTIFICA	ATE OF DEATH	Registered No.	192 -3111.7
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print)	eorgie Conyer	Apri	1 20, 1967	4:20 PM
B. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (When	e deceosed lived. If in TY	stitution: residence before odmission)
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location INSTITUTION	or institution, give street nl	Maryland	side city limits, write l	RURAL ond give downship)
00 1055 Elli	icott Drive	D. STREET ADDRESS (IF	t Drive	
5. SEX 6. RACE Female Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthdoy) 81	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	Private Family	Maryland		U.S.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	0.0011
John Hadrick		Cedellia W:	ilson	
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (If yes, give wor or date	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	SECORITI NO.	Mrs. Georgie H	ammond 105	5 Ellicott Drive
1B. 14 3 C	CAUSE	OF DEATH	ammoria 10)	INTERVAL BETWEEN
DISEASE OR CONDITION DIE	RECTLY	11	2	ONSET AND DEATH
LEADING TO DEATH	(A) M	YOCAR dial Inf	arction	3-4 minutes
(This does not mean the made of heart failure, asthenia, etc. It means	the disease.			
injury or complication which caused	death.)	texiosclerotic He	exet Disesse	5 40205
ANTECEDENT CAUSES	000.0			90000
DISEASES OR CONDITIONS, if tise to the above cause (A) UNDERLYING CONDITION last,	any, giving slaling the (C)	pertension		s 5 years
O THER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING I	ATED TO THE			
	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bidg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
21 D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED White At Not W Work At Wo		URY OCCUR?	
22. I certify that (1) (this hospital	l) ottended the deceased from A	peil	1962 10 APR	11 20 1967
that (1) (we) last sow the decease	ed olive on APRIL 15	19 6 7 ond the	ot in (my) (our) opi	nion death occurred on the date
and hour and from the couses stor	0.0		_	
Samuel & Ou	umas 6 M.D. A	Attending Med.	Stoff Phys.	4-21-67
23C.PHYSICIAN'S NAME (Type) Samuel I		23D. ADDRESS		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	Jos H. Garey		ity, town, or county) (State)
REMOVAL (Specify) Burial 4/24/67			sonville,	Maryland
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
APR 24 1967 (P.	Do. 15 2 Starley MA	Herbert E. Nu	itter 3035 I	W. North Ave



VS 150-REV. 1/1/65

2

Such

death.

prior to

4. USUAL RESIDENCE (W. A. STATE B. COL MARYLAND C. CITY OR TOWN (III. BALTIMORE D. STREET ADDRESS (109. N. FU	UNTY outside city limits, write If rurol, give location)	5 A-
4. USUAL RESIDENCE (W. A. STATE B. COL MARYLAND C. CITY OR TOWN (III. BALTIMORE D. STREET ADDRESS (109. N. FU	4 - 22 - 67 here deceosed lived. If in Introduction city limits, write If rurol, give location)	nstitution: residence before odmission
4. USUAL RESIDENCE (W. A. STATE B. COL MARYLAY D. C. CITY OR TOWN (IF BALTIMORE D. STREET ADDRESS (109. A. FU	here deceosed lived. If i JNTY outside city limits, write If rurol, give locotion)	nstitution: residence before odmission
A. STATE B. COL MARYLAND C. CITY OR TOWN (IF BALTIMORE D. STREET ADDRESS (IO9. N. FU	UNTY outside city limits, write If rurol, give location)	
D. STREET ADDRESS 1109. W. FU B, DATE OF BIRTH		107110
	LTON AUE	
1)	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
8-18-04	62	Williams Doys Trouts Williams
		12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN N	AME	
Ellen Raikes		
17. INFORMANT		ADDRESS
LEATHIA	PARRON.	SAME.
Ayscardial	infactio	**~
20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
e.g., in or obout 21C. WHERE DID et, office bldg., INJURY OCCUR?	(If in Boltimon	re City, give exact location)
While Work	NJURY OCCUR?	/_
		inion death accurred on the do
Attending Med. Phys. Director	Stoff Phys.	23B. DATE SIGNED 4/22/67
n.D. Lutheran	Avofretal	
		ity, town, or county) (Stote)
- CO	albot County	Marwland
S / S	maryland, 14. MOTHER'S MAIDEN N Ellen Raikes 17. INFORMANT LEATHIA SE OF DEATH Qualization 20A. AUTOPSY? (Yes or let) 20A. AUTOPSY? (Yes or let) 21F. HOW DID IN While Work 1967 and Ot) view the bady after death Altending Med. Phys. Med. 22D. ADDRESS M.D. Autherman	14. MOTHER'S MAIDEN NAME Ellen Raikes 17. INFORMANT

Herbert E. W. North A Ve. Nutter-3035

THE REAL PROPERTY OF THE PROPE

Circle Jestern.

TUTHERAN HOSPITAL OF MARRIED BOY IS ON ELL

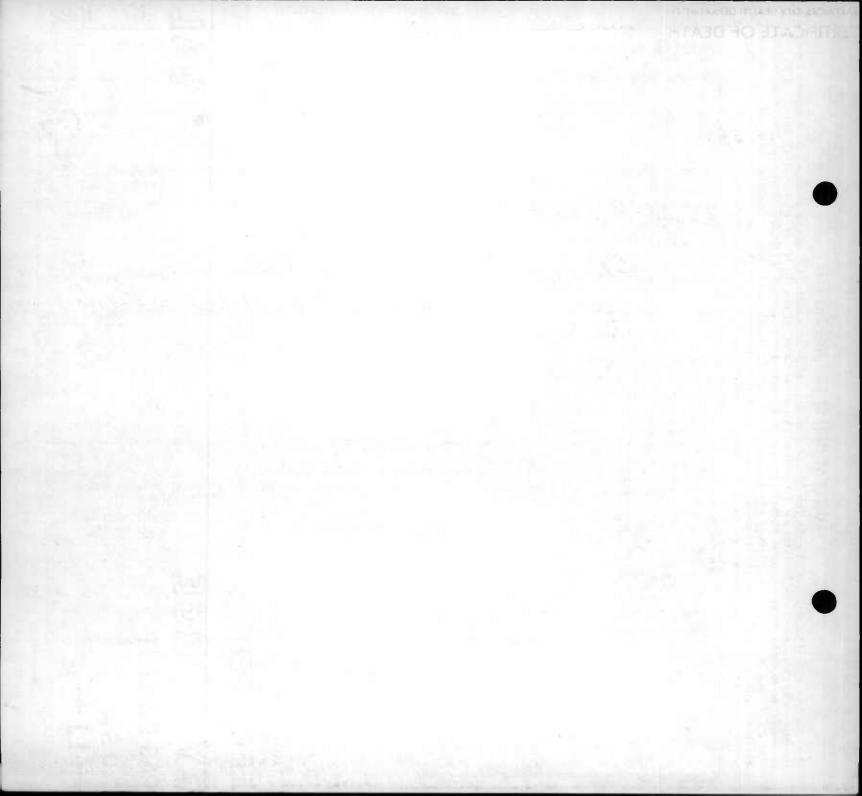
THE APPEAR SERVICE SERVICES SERVICES

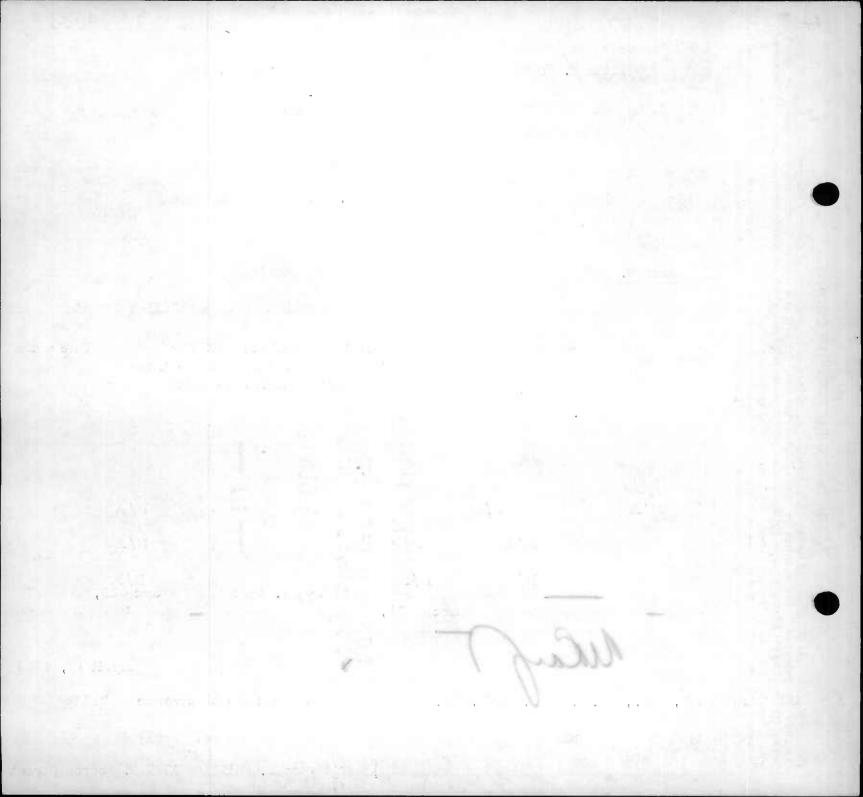
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1. NA	4022 67 4022				b/ //////
1. NA		CERTIFICA	TE OF DEATH	Registered No	67 4022
Туре	CASE NO. AME OF DECEASED		2. DATE A	AND HOUR OF DEAT	н
	e or Print) THOMAS B RI	CF	4	118/67	7. AN
3. PL	LACE OF DEATH IN BALTIMORE, MARYLAND			nere deceased lived. If	institution: residence before odmission)
			MARYLA fi		
	ULL NAME OF (If not in hospital or institution oddress or location)	ion, give street	C. CITY OR TOWN (III		BUS'L
	ISTITUTION		BALTIMOR		RUNAL and give town into
21	UTHERAN HOSPITAL	OF HARYLAND	10	If rurol, give location)	16
	NC.			LLEM AVE	
. SE	WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	M W	WIP.	1 / /	8.1	
	USUAL OCCUPATION (Give kind of work 10 B. KIN during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Uile	RETIRED		7/100	1-11-11	
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
	170	A.	nV.	6	
	Shomas	nce	uns	marien	
5. W Yes,	Vos Deceased Ever in U. S. Armed Forces? no or unknown)(If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
		217-07-0063	Bostoine	King.	2,521 Varlina
1	1B. < 7 /	CAUSE O	F DEATH	,,-400	INTERVAL BETWEEN
1	DISEASE OR CONDITION DIRECTLY	0.1002			ONSET AND DEATH
	LEADING TO DEATH	Λο	UTE GASTRO	FNTEDIT	15 14 DAYS
	(This does not mean the mode of dying,	e.g., DUE TO			7 1000
	hearl failure, osthenio, etc. It means the dise	ase,			
	injury or camplication which caused death.)	VII	RAL INFEC	TION	
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if ony, gi	ving			
	the second secon				
	rise to the above couse (A) stating	lhe (C)			
	rise to the above couse (A) stating UNDERLYING CONDITION last.		, y	······	
-	UNDERLYING CONDITION last.	1) Pyelone	phritis		
NO	UNDERLYING CONDITION Idst. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	1) Pyelone	phritis		
ATION	UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	1) Pyelone, THE 2) Cerebral	Auterioscler	osis	
ATION	UNDERLYING CONDITION Idst. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	1) Pyelone, THE 2) Cerebral	Auterioscler	CSIC No! 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
EKTIFICATION	UNDERLYING CONDITION Idst. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	I) Pyelone, THE 2X Crebral OR WHICH OPERATION	Auterioscler	No) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATION	UNDERLYING CONDITION Idst. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION VAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	I) Pyelone, THE 2X Crebral OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, o'	Avterioscler	No) 208. IF YES, WER	E FINDINGS CONSIDERED
AL CERTIFICATION	UNDERLYING CONDITION IGSI. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	DING 2X Crebral OR WHICH OPERATION	Avterioscler	No) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFICATION	UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. ISPA. DATE OF OPERATION SAY PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour)	I) Pyelone, THE 2X Crebral OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, o'	Avterioscler	No. 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While AI Not Whil	20A. AUTOPSY? (Yes or P No nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	No. 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
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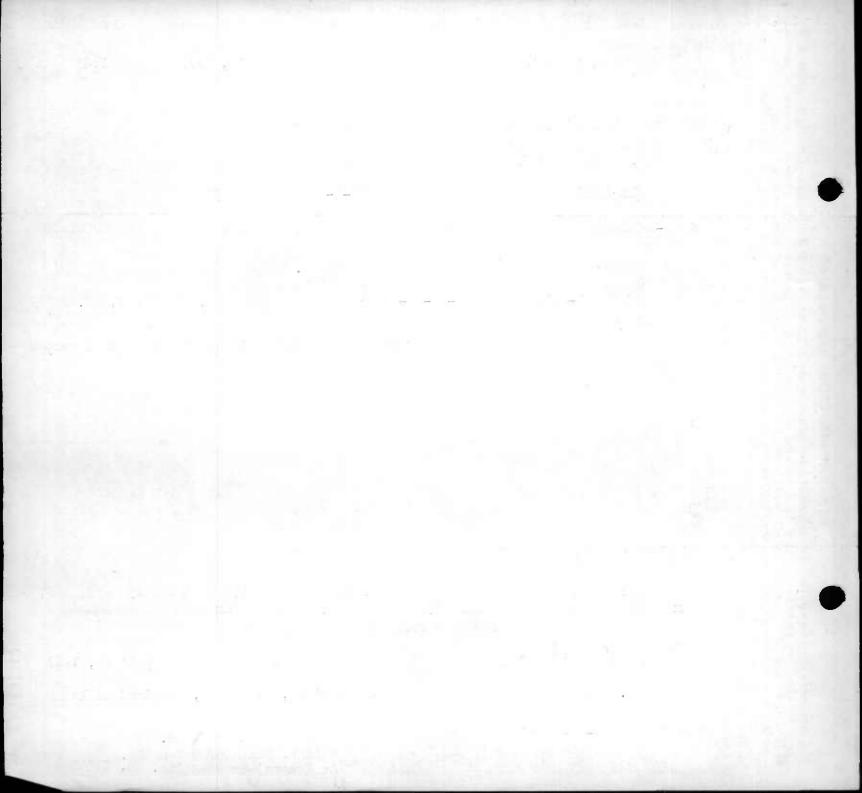
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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M.E.	H NO. . CASE NO.			CERTIFICA	TE OF BEATTI	
	AME OF DECI	HAMMOND, B	EVERL	Y D. LAURA	APRIL 22, 19	
3. P	LACE OF DEA	TH IN BALTIMORE, MAR			4. USUAL RESIDENCE (Where deceased lived.	
F	ULL NAME O	F (If not in hospital a	or institution	aive street	MARYLAND	Hay and Co
Н	HOSPITAL OR	ST. AGNES)		C. CITY OR TOWN (If outside city limits, w	vrite RURAL and give township)
	1/-	WILKENS &			D. STREET ADDRESS (If rurol, give location	63-00
	40	BALTIMORE			483 MAIN STREET	
	EMALE	NEGRO	MAR	D, NEVER MARRIED ED, DIVORCED (specify) RIED	B. DATE OF BIRTH 2-13-24 9. AGE (in yeors lost birthdox) 23	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
		JPATION (Give kind of work vorking life, even if retired)	10B. KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLA Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEW	IFE	NON	E	NORTH CAROLINA	U.S.A.
	FATHER'S NAM				14. MOTHER'S MAIDEN NAME	
	UNKNOW			13 (000)	FRANCES DUNN	
Yes	, no or unknown	(If yes, give wor or dotes	es? s of service)	SECURITY NO.	17. INFORMANT	ADDRESS
	NO				ST. AGNES HOSPITAL,	
	59	X		CAUSE O	PUEATH	ONSET AND DEATH
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	injury ar cam	plication which caused	death.)	Mil	ocardial Insufiene	ed.
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WEDIC	DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME TI REMOVAL (S BURIAL CREF REMOVAL (S BURIAL CREF REMOVAL (S)	medical examiner (Month) (Doy) (Year) that (I) (this hospital) last saw the deceased from the causes state RE (Month) (Doy) (Year) I as the saw the deceased from the causes state (RE (Month) (1) (this hospital) I as the saw the deceased from the causes state (RE (Month) (1) (this hospital) I as the saw the deceased from the causes state (RE (Month) (1) (this hospital) I as the saw the deceased from the causes state (RE (Month) (1) (this hospital) I as the saw the deceased from the causes state (RE (Month) (1) (this hospital) I as the saw the deceased from the causes state (RE (Month) (1) (this hospital) I as the saw the deceased from the causes state (RE (Month) (1) (this hospital) (R	(Hour) 21 W W W W W W W W W W W W W W W W W W	E. INJURY OCCURRED (hile At Not While At Work At Work) the deceased from MA APRIL 22 (I) (We) (did) (did nat) v M.D. Atte Phy MAD. NAME of CEMETERY of CRE altimore Nation	PACH 20 19 67 to 19 6	APRIL 22 19 67) apinian death accurred an the death accurred and th

BALTIMORE CITY HEALTH DEPARTMENT

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	017 404	1	BALTIMORE CITY	HEALTH DEPARTMENT		010/ 4/010 #
811	ин но. 67 402	.5	CERTIFICA	TE OF DEATH	Registered No.	67 4025
	E. CASE NO. NAME OF DECEASED		02/(1/1/0/)		D HOUR OF DEATH	
	pe or Print DUDDING, EV.	ERETT KYLI	3		23, 1967	2:45 A
3.	PLACE OF DEATH IN BALTIMORE,				e deceased lived. If in	stitution; residence before admission)
11	FULL NAME OF (If not in hos	pitol or institution,	give street		IMORE	
	HOSPITAL OR oddress or lo INSTITUTION VETERANS ADMINISTR		PITAL	BALTIMORE (If out	side city limits, write l	RURAL and give township)
	3900 LOCH RAVEN BO	ULEVARD		D. STREET ADDRESS (If	rurol, give location)	
L	BALTIMORE, MARYLAN	D 21218		643 MC KEWIN A	VENUE	
5.	MALE CAUCASIAN	WIDOWE	D, NEVER MARRIED D, DIVORCED (specify) RRIED		9. AGE (In years lost birthday) 52	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind on ne during most of working life, even if ret		F BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote or foreign		12. CITIZEN OF WHAT COUNTRY?
	Driver-Salesman		nal Brewery Co	ROANOKE, VIRG	TNTA	UNITED STATES
13	FATHER'S NAME			14. MOTHER'S MAIDEN NAM		
	מודה חווח דווח			METITE II OPIG	17.7	
15.	ORTIE DUDDING Was Deceased Ever in U. S. Arme	d Forces?	1 6. SOCIAL	NELLIE V. CRUS		ADDRESS
(Y	YES 11/18/43-	4 4 .		"VA HOSPITAL RE		MTTENTO IN ALAIA
	1B. 11/10/45-	15/40</td <td>212-01-54-33</td> <td></td> <td>M BLVD, BAL</td> <td>TIMORE, MD. 21218</td>	212-01-54-33		M BLVD, BAL	TIMORE, MD. 21218
	DISEASE OR CONDITION	DIRECTIV	CAUSE OF	DEATH		ONSET AND DEATH
	LEADING TO DE		Metas	static bronchoge	nic Carcino	ma 3 to 4 months
	(This does not mean the made		, DUE TO			3 00 4 110110115
	heart failure, asthenia, etc. It m injury or complication which ca		•			
	ANTECEDENT CAL	USES	(8)	-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6		
	DISEASES OR CONDITIONS,	if any, giving	DUE TO			
	rise la the above couse UNDERLYING CONDITION las.		(C)		***************************************	
	ONDERENING CONDITION ISS					
N	OTHER SIGNIFICANT CONDITION					
ATIO	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO TH				
ERTIFIC/	19A. DATE OF OPERATION 198.		WHICH OPERATION	NO	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
Ü	2TA. ACCIDENT WAS UNDERLYII		B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
CAL		etc		ice biog., INJURT OCCUR?		
MED	OF INJURY (Month) (Doy) (INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
<	(APPROX.)		hile At Not While ork At Work			
	22. I certify that M) (this has	pitol) ottended	the deceased from API	ELL 19 1	967 to APR	IL 23 19.67
	that (10) (we) last sow the dec				ot in (ANA (our) opi	nian death occurred on the dote
	ond hour and from the couses					
	23A. SIGNATURE	A				23B. DATE SIGNED
	Illian D. J	MILLON	M.D. Atte	Med. Director X	Stoff Phy s.	April 24, 1967
	23C. PHYSICIAN'S	N. March		3D. ADDRESS	rnys.	April 24, 1701
	ALLEN D. JOHNSO	ON	M.D.	VA Hospital, Ba	Itimore Ma	ryland 21218
24	A. BURIAL CREMATION, 248. DAT		AME of CEMETERY OF CRE			ty, town, or county) (State)
		-1967 Bal	ltimore Nations	1 Cemetery Ra	ltimoren Md	
25	A. DATE REC'D BY HEALTH DEPT.	25B NAME	OF REGISTRARO	25C. FUNERAL DIRECTOR		ADDRESS
	APR 2 5 1967	Colorest	E, stableyma	Eugenia K. Se Seitz Funeral		o. Md. 21212
1/0	150-PEV 1/1/65			The second of the		



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VS 150-REV. 1/1/65

-351		BALTIMORE CITY	HEALTH DEPARTMENT		67	4027
BIRTH NO.	4027	CERTIFICA	TE OF DEATH	Registered No.	01	1021
NAME OF DECEASED	00.00		2. DATE ANI	HOUR OF DEATH		
Type or Print)	Ada Buddemeye	r	Apr	11 22, 1967		
B. PLACE OF DEATH IN	BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN'	e deceosed lived. If ins TY	titution: residenc	e belore odmissio
	(II not in hospitol or institutio oddress or location)	n, give street	C. CITY OR TOWN (If outs	side city limits, write R	URAL ond give	Jownship)
22 S. A	thol Ave.		Baltimore D. STREET ADDRESS (If r	urol, give location)	d	5-07
90			22 S. Athol			
5. SEX 6. RAC		D, NEVER MARRIED VED, DIVORCED (specify)	8. DATE OF BIRTH Sept. 2/85	o. AGE (In years ost birthdoy)	If Under 1 Yr. Months Doys	Il Under 24 H Hours Min.
16A, USUAL OCCUPATIO done during most of working	N (Give kind of work 10B, KIND		Balto., Md.	gn country)	12. CITIZEN O WHAT CO USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM			
Wm. F. E	uddemeyer		Louise	-		
15. Was Deceased Ever in (Yes, no or unknown) (II yes	U. S. Armed Forces? , give wor or dotes of service	16. SOCIAL SECURITY NO. 212-26-9087	Gen. German 22 S. Atho	Aged Home	ADDI	RESS
18. 4 0 0	01	CAUSE O	F DEATH	- 1	INTER	AL BETWEEN
	CONDITION DIRECTLY	(1)	101.0	1 .1	ONSEI	AND DEATH
	NG TO DEATH	htell	Cardiac Con	rhythm	0	, pame a mass s s ans s is 000 0 000
	on the mode of dying, e. io, elc. II meons the disec			10		
	on which coused deoth.)	P. T	readelonation	AT / hand	desease	
ANTEC	EDENT CAUSES	(B) () (B) (D) (B) (D) (B) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	rounding	i yeury L	signatur	
	NDITIONS, if ony, giving course (A) stolling I		inalized C	enterio so	bross	<u>.</u>
ONDEREINIO CON	11		-			
	CONDITIONS CONTRIBUT BUT NOT RELATED TO TIDN CAUSING IT.					
19A. DATE OF OPERA		R WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONS	SIDERED 1?
21A. ACCIDENT WA OR CONTRIBUTING	CAUSE OF	PIB. PLACE OF INJURY (e.g., i nome, lorm, loctory, street, o etc.)	n or obout 21 C. WHERE DID lifice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoc	t locotion)
	h) (Doy) (Year) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
S OF INJURY (APPRDX.)		While At Not While Work			0	
22	l) (this hospital) attended			966.10.226	10.1	10/0
		111111111111111111111111111111111111111	1.1			196.
	ow the deceased alive o	// •	19 and the	if in (my) (our) oper	nian deorn occ	curred on the c
	the couses stated obove	(I) (We) (did)/(did nat) v	view the body after death.	· · · · · · · · · · · · · · · · · · ·		
23A. SIGNATOR	1 12	V 44.5 A**	ending Med.	Stoll	23 B. DATE SIGN	. 1.
Millian	1. Bry	2000 Phy	s. Director	Phy s.	23Ch	er/67
23C.PHYSICIAN'S NAME (Type)	illiam J. Brys		23D. ADDRESS 4605 Edmon	dson Ave.		7 /
24A. BURIAL CREMATIO	/	NAME of CEMETERY OF CR	· · · · · · · · · · · · · · · · · · ·		y, town, or coun	ity) (Stote
REMOVAL (Specily) Burial	4-25-67	Oaklawn Cem.		Baltimore, M		,.
25A. DATE REC'D BY HE		E OF REGISTRAR	25C. FUNERAL DIRECTOR			DDRESS
APR	25 1967 R. 20	to Entaplement	Witzke F. D.	-4101 Edmon	dson Ave	•

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4605 Edmondson Ave.

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BALTIMORE CITY HEALTH DEPARTMENT

4028 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4028

M.E	CASE NO.								
1. N	AME OF DEC	EASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
,,		SUSANNA		WALLACE	3	Apr	il 8, 1967		8:30 P M.
3. PI	LACE IN BALT	MORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A STATE	DENCE (Where deary land	eceosed lived. If insti B. COU	tution: residend	ce before admission)
HO:	L NAME OF	ADDRESS OR LOCA		TION, GIVE STREET	C. CITY OR TO		corporate limits, write	RURAL and	give township)
1	13								X 01
7	South	n Baltimore G	eneral (Hospital		oress (If rurol, g 16 S. Han	over Street		
5. S	EX	6. RACE		NEVER MARRIED	8. DATE OF BIR	тн	9. AGE (In years last birthday)	If Under 1	Yr. If Under 24 Hrs.
_	emale	Negro		DIVORCED (specily)	6-15-2	-	4I		
		IPATION (Give kind of worl varking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	(State or foreign	country)	12. CITIZEN WHAT	OF COUNTRY?
I	omesti	C			Va	MAIDEN NAME			
13. F	ATHER'S NAM	E			14. MOTHER'S	MAIDEN NAME			
F	lenry W	allace			Wallac	e ?			
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
1162	, no or onknown,	in yes, give wor or bole	s of service	JECONIII NO.	Ben Sa	chs -7I	4 S. Hanov	er Str	ceet'
	1B. 7	6.0		CAUS	OF DEATH				TERVAL BETWEEN
	DISEAS	E OR CONDITION DI	RECTLY						NSEI AND DEATH
		LEADING TO DEATH		(A) Carb	on Monoxi	ide Intox	ication.		
	heort failure,	osthenia, etc. It means	the disease,	DUE TO					**************************************
	injury or con	nplication which coused	deom./						
		NTECEDENT CAUSE		(P)					
	DISEASES (OR CONDITIONS, IF A	NY, GIVING	DUE TO	***************************************				
		IG CONDITION LAST.	IAING THE					- 5	
Z				(C)					
Ĕ		11							
CERTIFICATION	TO THE	VIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T		iosclerot	ic Cardi	ovascular D	isease.	•
R	19A, DATE OF			WHICH OPERATION	20A. AUTOPS	Y? (Yes or No) 2	B. IF YES, WERE FIN	IDINGS CON	ISIDERED
	21	WAS PER					CERTIFYING CAUS		
MEDICAL	21 A. EXTERNAL	CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21 C.	WHERE DID (IF	in Baltimore City, giv	re exact locat	tion)
B		SE OF DEATH.	etc.)	, form, factory, street,	_			. 9	
Z.	21 D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	Home		TO 9' USI	nover Stree	1 4	2-01
	OF INJURY				WHILE	1011 010 1113011	. occom.		
	(APPROX.)	4 8 67		VORK AT V	VORK X H	louse fire	е,		
	22. I cert	ify that I held an I	nquiry 🗌	Inspection Au	rtapsy X a	nd that an this	basis, death in m	y apinian	
	resul	ted fram: Natural ca	uses A	ccident Suicio	de Hamic	ide Un	determined manne	er 🗌	
			_		CHIEF !	MEDICAL EXA	MINER		
	ACTUAL		acles 1	Telle Mr	ASSISTANT	MEDICAL EXA	MINER		DATE SIGNED
	SIGNAT		Lilly .	M. L		MEDICAL EXA		4	/9/67
	NAME (Type) Charle	es S. Pe			medical ex			
	BURIAL CREATER		1 (2)	C. NAME OF CEMETERY	1	230,19	CATION (City,	town, or cour	nty) (State)
	Sur		16/1	in au	eun	100	ww cu	/	
24A		BY HEALTH DEPT.		OF REGISTRAR	248 TUNE	RAL DIRECTOR	Rome	FADE	ORESS
	AP	R 25 1967 (Street &	. Farkey M.A	Lege	nand	Marila	mes	11
VS	151-REV. 1/1/	65 A / G	G 0	1 1 13 13		18 / 11/	itimed	2,7000	4-17-

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100 25 3 3 5 5		Jan Marie			
	22 27 11 - 12	0.0	T1 11 11 11 11 11 11 11 11 11 11 11 11 1	0.00	

M.E. CASE NO		CERTIFICA	ATE OF DEATH Registered N	67 4029
Type or Print)		Liberte	2. DATE AND HOUR OF DEA 4-17-67,	тн
FULL NAME	DEATH IN BALTIMORE, MA	or institution, give street	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY Md.	If institution: residence before odmiss
HOSPITAL O		are Hospital	C. CITY OR TOWN (If outside city limits, wr Baltimore D. STREET ADDRESS (If rurol, give location)	ite RURAL and give township)
00	Baltimore	, Md.	1031 W. Baltimore St.	
S. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH Oct 2/94 9. AGE (In years lost highday) 72	If Under 1 Yr. If Under 24 Months Doys Hours Mi
done during most	CCUPATION (Give kind of work of working life, even if retired) Merchant	10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) Balto, Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS N	asquale Libert		Late - Maria	
5. Was Decea: Yes, no or unkno	sed Ever in U. S. Armed For own) (If yes, give wor or dote	1 6. SOCIAL SECURITY NO.	Mrs. Anna Liberto 1031 W. Baltimore St.	ADDRESS
(This does head failurinjury ar o	EASE OR CONDITION DIL LEADING TO DEATH IS not mean the made of re, asthenia, etc. It means camplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A)	dying, e.g., DUE TO	wowany Edema woney Eartheseman turing Pardio-Ves, discourse	Sears.
	ING CONDITION last.		distan	
OTHER SIGNOTHER	GNIFICANT CONDITIONS CODEATH BUT NOT RELADER CONDITION CAUSING OF OPERATION 198. CONWAS PER	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING	CAUSES OF DEATH?
NO OTHER SIGN TO THE DISEASE OF CONTROL OF C	GNIFICANT CONDITIONS CONDEATH BUT NOT RELADER CONDITION CAUSING OF OPERATION 198. CONWAS PER DENT WAS UNDERLYING CAUSE OF OHigh medical examines)	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location)
OTHER SIGN TO THE DISEASE OF CONTROL OF CONT	GNIFICANT CONDITIONS (DEATH BUT NOT RELA OR CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING 188UTING 1 CAUSE OF Oily medical examines) (Month) (Doy) (Year)	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or No) 20B, IF YES, WI IN CERTIFYING in or obout 21C. WHERE DID (If in Bolti office bldg., INJURY OCCUR?	CAUSES OF DEATH?
OTHER SIGN TO THE DISEASE (19 A. DATE OF CONTROL OR CON	GNIFICANT CONDITIONS (DEATH BUT NOT RELADER CONDITION CAUSING OF OPERATION PER CONDITION (No. 1) (Month) (Doy) (Year) Ify that (I) (this hospital or one of the cause standard from the causes standard causes causes caused caused causes caused caused causes caused cause	CONTRIBUTING ATED TO THE II. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Will Work At Work 1) attended the deceased fram ed alive on 4667 ted abave. (1) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ta 4 19 ond that in(my) (our) view the body after deoth.	CAUSES OF DEATH? more City, give exoct locotion)
VOITER SIGNATE VOITER SIGNATE	GNIFICANT CONDITIONS (DEATH BUT NOT RELADER CONDITION CAUSING OF OPERATION PER CONDITION (No. 1) (Month) (Doy) (Year) Ify that (I) (this hospital or one of the cause standard from the causes standard causes causes caused caused causes caused caused causes caused cause	CONTRIBUTING ATED TO THE II. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Will Work Not Will At Work At Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? itile 19 ta 19	causes of DEATH? more City, give exoct locotion) 6667 — 19 opinion death accurred an the
VOITHER SIGNATE OF INJURY (APPROX.) 210. TAME OF INJURY (APPROX.) 22. 1 cert that (1) (v and haur 23A. SIGNATE OF INJURY (APPROX.)	GRIFICANT CONDITIONS (DEATH BUT NOT RELA OR CONDITION CAUSING OF OPERATION 19B. CON WAS PER DENT WAS UNDERLYING (RIBUTING CAUSE OF oify medical examiner) (Month) (Day) (Year) ify that (I) (this hospital ve) last saw the decease and fram the causes stal ATURE (CLANS)	CONTRIBUTING ATED TO THE II. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Will Work Not Will At Work At Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ta 4 19 ond that in (my) (our) view the body after deoth. ttending Med. Stoff Phys. 22D. ADDRESS 21D. W. Lombard St. REMATORY 24D. LOCATION	causes OF DEATH? more City, give exact locotion) 6667—————————————————————————————————

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VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Ellen M. Hudlin April 22, 1967 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) (If outside city limits, write RURAL and give towas Baltimore 608 Stamford Rd. D. STREET ADDRESS (If rural, give location) 608 Stamford Rd. made. 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. If Und Months: Days Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Cauc. 2-22-80 87 Widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA'CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Mc Keewne Ellen Blanchard 17. INFORMANT Ellen Hudlin 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 608 Stanford Rd. CAUSTOF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. !! means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, Ш ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED CERTIF WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, (arm, (actory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (A PPROX.) Work AT Work 22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) lost sow the deceased alive on and that in (my) (our) opinian death occurred on the ond hour and from the causes stated above. (1) (Web (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DAVE SIGNED Attending Z Med. Stoll approval 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Christian S. Mass Balto. Nat'l. Pike & St. John's M.D deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, town, or county) REMOVAL (Specify) New Cathedral Cem. Baltimore. Md. 26 APr. 67

25C. FUNERAL DIRECTOR

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258. NAME OF REGISTRAR

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	Inspector	Americ	an Smelting	Warsaw, Pol	and	U. S. A.
13. FATHER'S N	AME			14. MOTHER'S MAIDEN N	IAME	-
	Thomas Sink	lewicz		Catherine		
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and hour o	and from the couses sto	oted obove. (1) (We) (did) (did not)	view the body ofter deat	h.	
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Burial	4-26-1	967 Ga	ardens of Fait	h Ba	ltimore Cour	ty, Maryland
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
1	IDD 9 5 1007	A 100 04	0 Z. D. wa .	Lilly & Zei	ler Inc.	901-07 Eastern /

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR Zeiler Inc. 1901-07 Eastern Ave. VS 150-REV. 1/1/65

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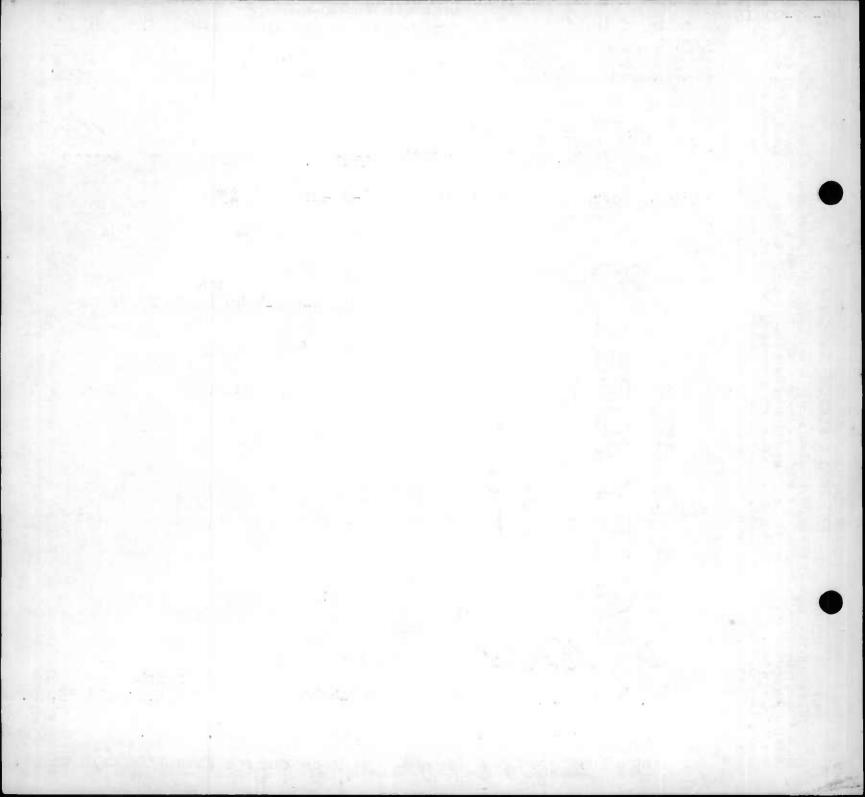
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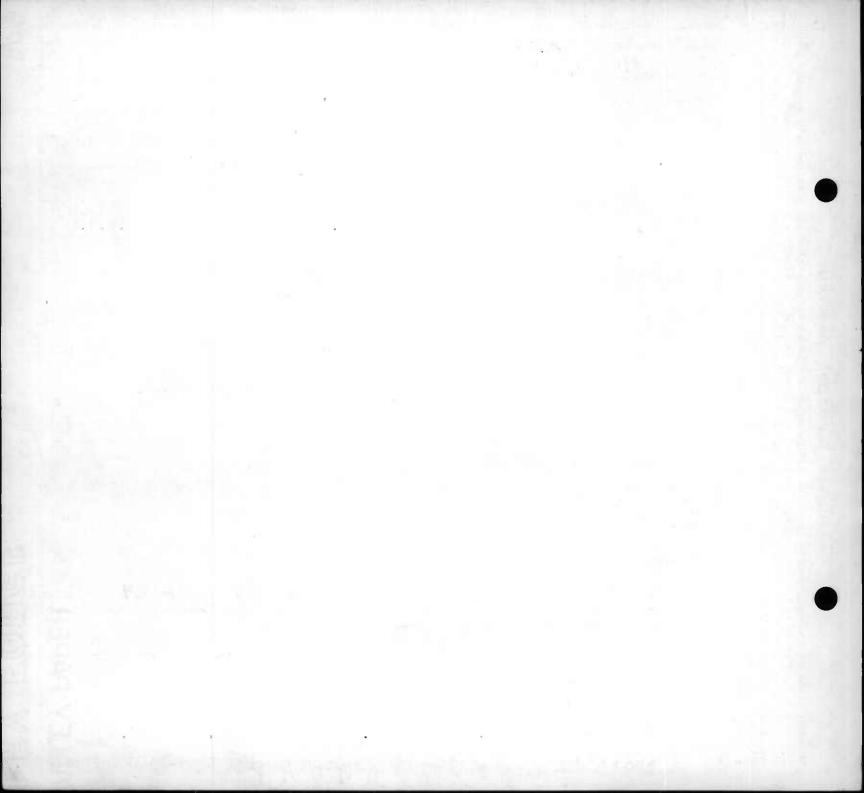
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	pe or Print HENrietta V Bei	lamy		4-19-67	institution: residence before admi		
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		D. STREET ADDRESS (If rural, give locotion)					
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13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	M.F.	0.0.1.		
	Robert Aller	1	Martha				
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	DISEASES OR CONDITIONS, if any, giving						
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	and haur and fram the causes stated above. (l) (We) (did) (did नाजा) ।	view the bady after death.				
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Letter from M.E.'s office 5-11-67

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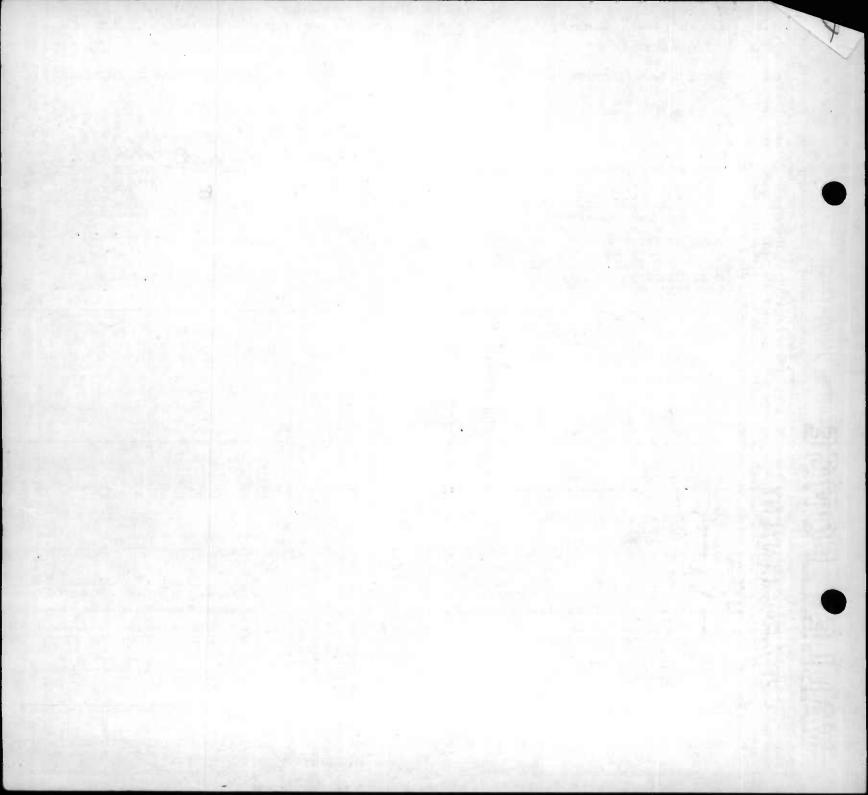
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attendance

67 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. Sucl I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) death. 3. PLACE OF DEATH IN BALTIMORE RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspital ar institution, give street address or lacation) C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship) prior D. STREET ADDRESS (If iural, mad 9. AGE (In years 5. SEX If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Manths Days last birthday Haus IDA USUAL OCCUPATION (Give kind of work) OB KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY isposition done during most of working life, even if retired) Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rev. Ru ffus Dargan Daniels 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 17. INFORMANT final (Yes, na ar unknawn) (If yes, give was as dates of service) SECURITY NO. a Ruffus Dargan 1161 Mount Street Rev. CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH 8 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease DICAL injuly of complication which caused death,) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving the obove cause (A) stating UNDERLYING CONDITION lost the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factary, street, affice bldg., INJURY OCCUR? \overline{c} 21A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact lacation) OR CONTRIBUTING CAUSE OF DEATH (natify medical examine) etc. MEDIC obtained (Haur) 21E INJURY OCCURRED (Manth) (Day) (Year) 21F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX.) At Wark Wark 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and hour ond from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED M.D. Attending Phys. Med. Director deceased prior to written approval 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 24A. BURIAL CREMATION, 24R DATE (City, tawn, as county) REMOVAL (Specify) 4-22-67 Burial Arbutus

Mem. Pk. Arbutus, 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Funeral Home-1348 Calhoun St. Kelson



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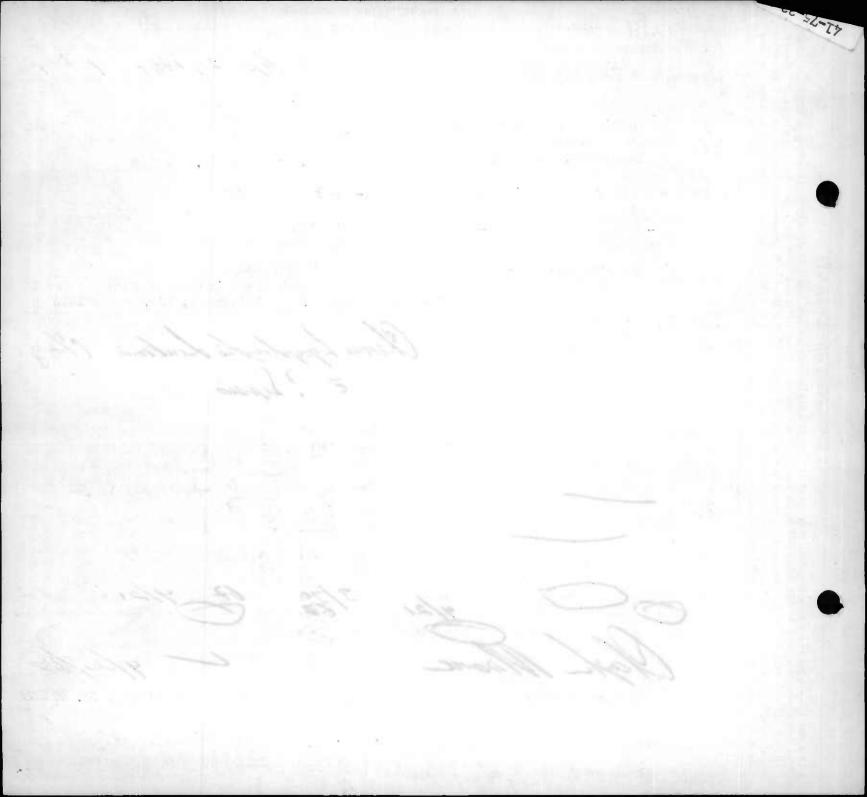
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BIRTH NO.	7 4036		TE OF DEATH	Registered No	67 4036
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FULL NAME OF HOSPITAL OR	(If not in hospitot o	or institution, give street	Maryland		
INICTITUTE ON -	altimore Cit			itside city limits, write R	URAL ond give township)
	940 Eastern	-	Baltimore D. STREET ADDRESS (IF		15-0
- / /		ryland #21224		rurol, give location)	2026
			2035 N. Duke	A	1216
Female	Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	4-29-19	9. AGE (In years lost birthdoy) 47	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	ATION (Give kind of work orking lile, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
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3. FATHER'S NAME	£		14. MOTHER'S MAIDEN NA	ME	
	Charles Ande		Mary Mos		
	ver in U. S. Armed Fore If yes, give wor or dote:	s of service) SECURITY NO.		4940 Eastern	
		217-22-4302			aryland #21224
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OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A. DATE OF CO.	ATH BUT NOT RELA ONDITION CAUSING IT OPERATION 198, CON WAS PERF WAS UNDERLYING ING CAUSE OF nedicul examine) Month) (Doy) (Yeot) hat (1) (this hospital) est saw the decease from the couses state	TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work Ottended the deceased from deceased obove. (1) (We) (did) (did not) v	TES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19	IN CERTIFYING CALLYES (If in Boltimore)	City, give exoct locotion)
OTHER SIGNIFIC TO THE DEADISEASE OR CO. 19A. DATE OF CO. 19A. DATE OF CO. 19A. DATE OF CO. 19A. ACCIDENT OR CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CO. 19A. SIGNATURE 23A. SIGNATURE 23C. PH&SICIAN 23C. PH&S	ATH BUT NOT RELA ONDITION CAUSING IT OPERATION 198, CON WAS PERF WAS UNDERLYING NG CAUSE OF nedicul examine) Month) (Doy) (Year) hat (1) (this hospital est saw the decease from the couses stat	TED TO THE I. DITION FOR WHICH OPERATION ORMED 218. PLACE OF tNJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work Oottended the deceased from ded obove. (1) (We) (did) (did not) verification of the physical street in the physical str	TES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19	(If in Boltimore	City, give exact location) 19 6
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19A. DATE OF CO. 19A. DATE OF CO. 19A. ACCIDENT OR CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (1) (we) and hour and for and hour and for any contribution of the contribution of t	ATH BUT NOT RELA ONDITION CAUSING IT OPERATION 198, CON WAS PERF WAS UNDERLYING NG CAUSE OF nedicul examine) Month) (Doy) (Year) hat (1) (this hospital est saw the decease from the couses stat	TED TO THE I. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work Oottended the deceased from dalive on ed obove. (1) (We) (did) (did nat) v M.D. Atterney	TES n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19	(If in Boltimore	City, give exoct locotion) 19 67

4-26-67

REC'D BY HEALTH DEPT.

Pk. Arbutus Maryland ADDRESS -67 Arbutus Mem. Funeral Home 1348 Calhoun Kelson



MEDICAL

24A. BURIAL CREMATION.

VS 150-REV.

REMOVAL (Specify)

Such

death.

0

on the

and

			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	67 40	137	CERTIFICA	TE OF DEATH	Registered No.	67 4037
M.E. CASE NO.		Cr II	CERTIFICA	IL OI DEATH		
I. NAME OF DECI	EASED			2. DATE AN	D HOUR OF DEATH	
(Type or Print)	C 745					
	George M	yrick		4- 2	0 -67	M
3. PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		A. STATE B. COUN		stitution: residence before admission)
FULL NAME O			ve street	L'ILL .		
HOSPITAL OR INSTITUTION	oddress or tocotion	1)		Balto.	side city limits, write l	RURAL ond give township)
1 /	The in on Man		H			7 0 2
1111	Union Men	nortal	"osp.	D. STREET ADDRESS (If r	urol, give location)	
47				1717 E. 29	th St.	
5. SEX	6. RACE		NEVER MARRIED		AGE (In years	If Under 1 Yr., If Under 24 Hrs.
M	Negroid	Marr	DIVORCED (specify)	3-29-00	ost birthdoy)	Months Doys Hours Min,
10A. USUAL OCCL	JPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF
done during most of v	working life, even if retired)	Ì		N C		WHAT COUNTRY?
				N.C,		U.S.A.
2 FATHEME NAA	AF			14 AAGTHERS AAAIDSN NAA	A.F.	0 8 15 8 12 8
3. FATHER'S NAM				14. MOTHER'S MAIDEN NAM	A E	
	Henry M	yrick		May		
15. Was Deceased	Ever in U. S. Armed Fore	ces?	6. SOCIAL	17. INFORMANT		ADDRESS
Tes, no or unknown	(If yes, give wor or date	s of service)	SECURITY NO.			
				Mrs. Leo Cha	se 2741	E. Chase St.
18.//20	2./ 1		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIR	ECTLY			1 ^	ONSET AND BEATT
	LEADING TO DEATH		100	yo cordial In	1	
			(A)	No conduct th	HACKURY	, , , , , , , , , , , , , , , , , , ,
	iol mean the made of		DUE TO		0	
	asthenio, etc. It means			^		
injury ar cam	plication which coused	death.)	a	0 11 0-10	antonio	Ob asis
	ANTECEDENT CAUSES		(B)	enerelized Core	THE COURT	
			DUE TO	0		
DISEASES C	OR CONDITIONS, if	any, giving		arterias clar	7.	
rise to the	abave cause (A)	stating the	(C)	Chres & Cler	esis	
UNDERLYING	G CONDITION last.		***************************************		** ** ** ** ** ** ** ** ** ** ** ** **	
	- 11		4 1	. 0.0	0	
Z OTHER SIGNI	FICANT CONDITIONS C	ONTRIBLITING	1 th row	Unsine Cords	WYOR WILLY	
O THE D	EATH BUT NOT RELA		. (0	0.		
	CONDITION CAUSING I			Cusi	ا ا	
	OPERATION 198. CON	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED
19A.DATE OF	WAS PERF				IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDEN	NT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) foctory, street, office bldg., INJURY OCCUR? home, form, DEATH (notify medical examiner) 21 D. TIME (Hour) 21 E. INJURY OCCURRED (Doy) (Year) 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work hospital) attended the deceased fram 19 67 and that in (my) (our) apinian death occurred on the date (I) (We) (did) (did not) view the bady ofter deoth. and hour and from the causes stated abave 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director Stoff Phys. 23 C, PHYSICIAN'S NAME (Type) 23 D. ADDRESS Biddle

2444 M.D 24C. NAME of CEMETERY OF CREMATORY

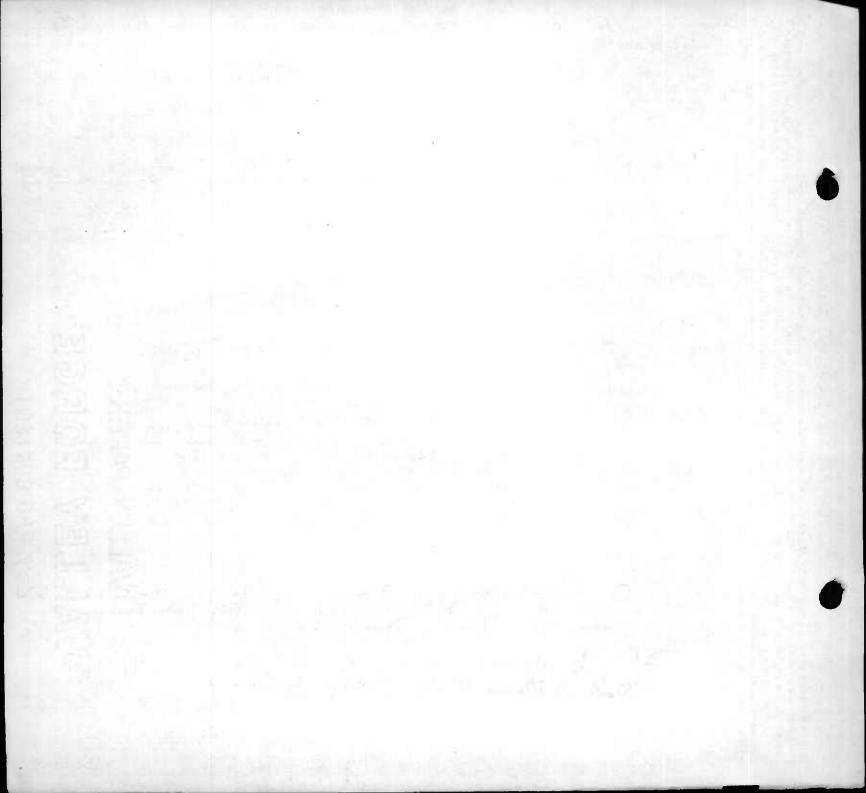
21213 Canno 24D. LOCATION (City, town, or county)

(Stote)

4-27-6 Burial Cemeter Church 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

Infield, North Carolina ADDRESS 25C. FUNERAL DIRECTOR

ve uneral Home Calhoun 1348



S-152

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 4038

$\overline{}$	E. CASE NO.											
1. (Ty	NAME OF DE		TNO ODE	Mark		2. DA			NOUNCED	DEAD		
			ING SPE						1967		11:50	P .M.
		TIMORE, MARYLAND, W			A. STATE	Marv1a		ased live	B. COUNTY		ence befare o	ıdmi ssian)
HC	SPITAL OR	ADDRESS OR LOCA	TION)	JIION, GIVE STREET	C. CITY O	R TOWN (I	f autside car	parate lii	nits, write RU	RAL an	d give tawns	hip)
1	3 8 IIn	iversity Hosp	ital	(DOA)	D. STREET	Baltin ADDRESS		lacation)			
5. :	7 10	6. RACE		NEVER MARRIED	B. DATE OF	2740 I	Beryl /	Venu	e III	Hadas	1 Yr. If Unde	24 H.s
	Male	Negro		DIVORCED (specify)	6/1/	26		ast birth			Days Hours	
		UPATION (Give kind of wark warking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY				untry)	12	CITIZE	N OF	
	Seaman				Nor		rolina			U	S A	
13.	FATHER'S NA	ME			3	R'S MAIDEN	INAME					
1.0	Ernest			11, 00 01	Conn							
		ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	Mrs	Emma	Spenc	er :	2740 Be	ryl	Ave	
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)											
TIFIC	TO THE	ENIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	LATED TO T	HE	***************************************						0 da 0 0 0 0 da 0 0 da 0 0 0 0 da da da 0 0 0 0	***************************************
	19A. DATE O	F OPERATION 198, CON WAS PER		WHICH OPERATION		ropsy? (Yes		ERTIFYI	WERE FINDING CAUSES			
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Manth) (Day) (Year) Haur) 21E. INJURY OCCURRED OF INJURY				ffice bidg., II	NJURY OCC	imore -	ashi Exp	city, give engton ressway		-	e 695
	(APPROX.)	4-22-67 11:	21 P. m. V	VHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE X	Pedes	strian	stru	ck by	ar		
	22. 1 ce	rtify that I held an I	nquiry 🗌	Inspection Aut	opsy X	and that	an this bo	sis, de	ath in my a	pinian		
	resu	Ited fram: Natural car	uses A	ccident X Suicide	H-	amicide _	Unde	termine	d manner			
	ACTUA SIGNAT	TURE Mary	J.J.	yal M.D.	ASSISTAN	F MEDICA	AL EXAMI	NER X			DATE SI	GNED
	NAME ((Type) Charles	S. Spr:	ingate, M.D.	b	TE MEDIC	AL EXAM	NEK		Apr	il 23,	1967
23 A	MOVAL (Speci	EMATION, 238. DATE	230	C. NAME OF CEMETERY OF	CREMATO	RY	23D. LOCA	TION	(City, taw	n, ar co	ounty)	(State)
24/	Burial DATE REC'E	4/27 D BY HEALTH DEPT.		Mt Calvary OF REGISTRAR	Cemet:	UNERAL DIE	A A	Co	unty M	[đ	DDRESS	
	A	PR 25 1967 (Poleut	E. Farleyna	Add	lphus	Halst	ead	1206 W	No.	rth Ave	
VS	151-REV. 1/1	165 N 805	19	6/00	0 4	0 '	16					

EXAMINER'S

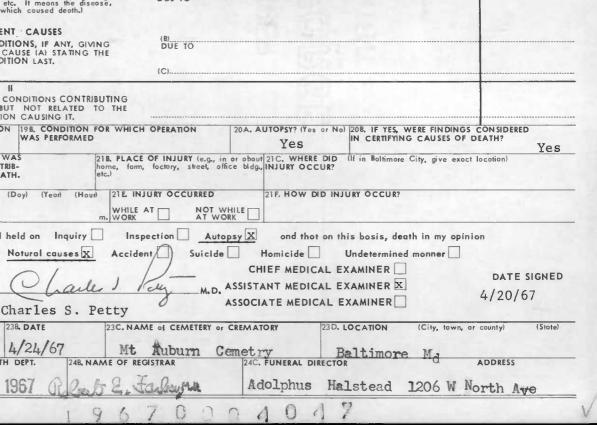
NAME (Type) 23A. BURIAL CREMATION,

24A, DATE REC'D BY HEALTH DEPT.

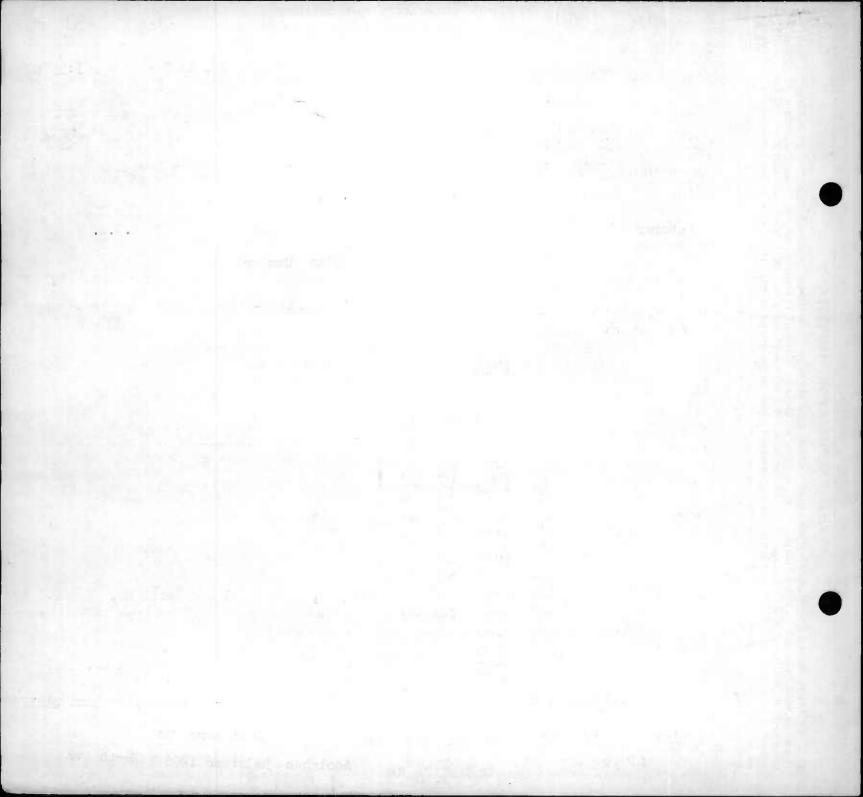
REMOVAL (Specify) Burial

VS 151-REV, 1/1/65

23B, DATE



		2. DATE AND HOUR OF DEATH	
Pe or Print)	D3 e ele		# . K . K
George PLACE OF DEATH IN BALTIMORE, I	MARYLAND	April 20, 1967	stitution: residence before odmission
FULL NAME OF (If not in hospi	tol or institution, give street	A. STATE B. COUNTY Maryland	
HOSPITAL OR oddress or loca		C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
	t Hospital	Baltimore D. STREET ADDRESS (If rurol, give location)	4-00
	e, Maryland 21217		
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
Male Negro	widowed, DIVORCED (specify) married	Aug. 5, 1916 lost birthdoy) 50	Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of vote during most of working life, even if refire	work 10B, KIND OF BUSINESS OR INDUSTRY	11. BiRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		North Carolina	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		Eliza Camper	
Was Deceased Ever in U. S. Armed	Forees? 16. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or o			a1 .
2			24 Argyle Avenue
18. 150 XI		DE DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	DIRECTLY	101 614 004 0 9 m	
LEADING TO DEA	of dying, e.g., DUE TO	Javennoma of Esophag	W3
(This does not mean the mode heart failure, asthenia, etc. It med		with Metastasis)	
injury at camplication which caus	sed death.)		•
ANTECEDENT CAUS	SES (B)		
DISEASES OR CONDITIONS,			
rise to the above cause (A) stating the (C)		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	RELATED TO THE TAGELANAA	rma	
19A. DATE OF OPERATION 19B. C	CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. C	PERFORMED	Ves IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	G 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or about 21C. WHERE DID (If in Baltimore	City, give exact location)
	eor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Whi		
(APPROX)	Work Al Work		
22. I certify that (I) (this hosp	ital) ottended the deceased from	April 1/1, 19 67 to Ap	ril 20, 1967
		19 67 and that in (my) (our) opi	
	stoted obove. (I) (We) (did) (did not)		
		body offer deaths	23B, DATE SIGNED
23A. SIGNATURE	1/ 00 1/2	mending Med. Staff	
23A. SIGNATURE	M.D. Att	ys. Director Phys.	April 21, 1967
23A. SIGNATURE COSOMO	M.D. Att		
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	
23A. SIGNATURE CS OLLO 23C. PHYSICIAN'S		23D. ADDRESS 1514 Division Street-Baltim	
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ROSATIO A. BURIAL CREMATION, [24B. DATE	Bello M.D.	23D. ADDRESS 1514 Division Street-Baltim	
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ROSATIO A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	Bello M.D. 24C. NAME of CEMETERY OF CR	23D. ADDRESS 1514 Division Street-Baltim EMATORY 24D. LOCATION (C) Baltimore M	ore, Maryland 2121 ty, town, or county) (State) d
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ROSATIO A. BURIAL CREMATION, [24B. DATE	Bello M.D. 24C. NAME of CEMETERY of CR Arbutus Mem P 25B. NAME OF REGISTRAR	23D. ADDRESS 1514 Division Street-Baltim EMATORY 24D. LOCATION (C)	ore, Maryland 2121 ty, town, or county) (State) d



VS 150-REV. 1/1/65

Such

101	BALTIMORE CITY	HEALTH DEPARTMENT		67 4041
BIRTH NO. 67 4041	CERTIFICA	TE OF DEATH	Registered No.	
A.E. CASE NO. I. NAME OF DECEASED Type or Pnnt)		2. DATE AI	ND HOUR OF DEATH	
James Ja	ckson		4-18-67	1 • 30 AM
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		nstitution: residence before odmission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	Maryland c. city or town (if or		BUDAL
INSTITUTION	C. 1104		itside city limits, write	KURAL ond give township)
39 Provident R	ospital, Incl	Baltimore, D. STREET ADDRESS (III	rurol, give location)	11-0-
		213 Lafayet	9. AGE (In years	
WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) Single	8. DATE OF BIRTH	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Male Negro OA. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	eign country)	12. CITIZEN OF
one during most of working fife, even if retired)		Coonsis		WHAT COUNTRY?
None		Georgia	145	U. S. A.
3. FATHERS NAME		14. MOTHERS MAIDEN NA	ME	
	?	Mamie Jackson	1	?
5, Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
es, in or alliano with the year, give wor or acted on serv	SECORITI NO.	Naomi Jackson	904 Newing	ton Ave
18.445 X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) Mal	ignant Hypert	ension	
(This does not meon the mode of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO			
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B) HVD	ertensive end	epeninpat	ia
DISEASES OR CONDITIONS, if ony, gi				
rise to the abave couse (A) stating	1he (C)) (N ((N O N N N N N N N N N N N N N N	
UNDERLYING CONDITION last.				
Z OTUSE SIGNISIONE CONTRIBU	ITING			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	THE			
U 19A, DATE OF OPERATION 1198, CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORMED		No	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimer	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
U				
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Not While Work At Work			
22. I certify that (I) (this hospital) attend	led the deceased from	April 2.	1967 to Apr	i1 18, 19 67
that (I) (we) lost sow the deceased alive			2.	inion death occurred on the do
	*			mon deom occurred on the do
ond hour and from the couses stated above	/e. (I) (We) (did) (did not) v	riew the body ofter deoth.		DATE CLONES
23A. SIGNATURE	2 /		21-11	23B. DATE SIGNED
Thur !	M.D. Atl	ending Med. Director	Stoff Phys.	4-18-67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Dr. C. Lared	O M.D.	1514 Divisio	n Street	Balto., Marylan
	C. NAME of CEMETERY OF CR	EMATORY 24D. I	LOCATION (C	ity, town, or county) (State)
REMOVAL (Specify)				
4/~//01	Mt Calvary Cen		A County	Md
APR 25 1967 (258, NA	ME OF RESISTRAR	25C. FUNERAL DIRECTO	R +oad	1206 W North Av

Halstead

1206

Adolphus

of death Undetermined cause; (5) Deceased LO a hospital ance CGUSO contributing regular Was 9 death any of

CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) PETERSON, EDWARD APR. 23, 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RUNAL INSTITUTION BALTIMORE UNIVERSITY OF MARYLAND prior D. STREET ADDRESS (If rurol, give location) HOSPITAL 901 CHERRY HILL # 25 is made. S. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years eceased WIDOWED, DIVORCED (specify) lost birthdov m NEGRO IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Long shoreman Laborer 13. FATHER'S NAME 4. MOTHERS MAIDEN NAME the Arthur Peterson Rose Ellen no 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT attendance 7683 Chart CAUSE OF DEATH or DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the diseose, gular injury or complication which caused death.) frac ANTECEDENT CAUSES þ are DISEASES OR CONDITIONS, if ony, 3 to the above couse (A) stoting the physician UNDERLYING CONDITION lost, Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? the 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital °N DEATH (notify medical examiner nature; obtained (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED 9 OF INJURY approved (except While At Not While (APPROX.) and Work At Work to the any 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an Your opinion death accurred an the date hospital death) the body was released and haur ond from the causes stoted above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE Attending M.D. 0 approval Director Phy s. 0 23 C. PHYSICIAN'S NAME (Type 23 D. ADDRESS prior a 4 24A. BURIAL CREMATION, deceased 0.0 REMOVAL (Specify) County Calvary Cemetry A Purial SID 2SA. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR Halstead Adolphus

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

If Under 1 Yr. Months: Doys

12. CITIZEN OF WHAT COUNTRY?

23B. DATE SIGNED

If Under 24 Hrs. Hours Min.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

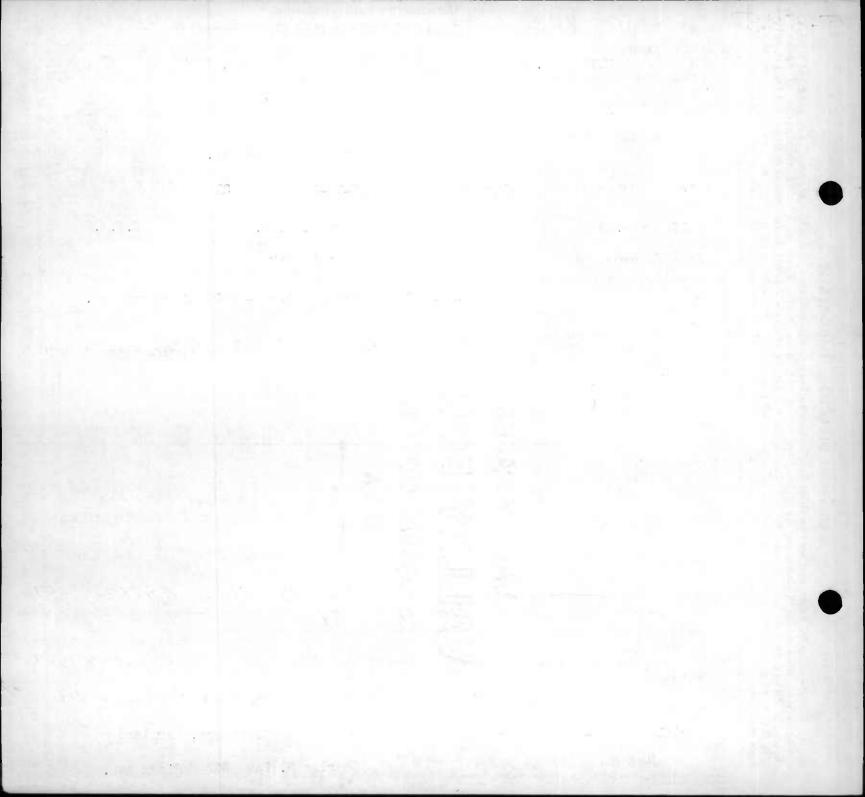
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+	156	e n	Sp	-	
2	90	P	9	0	-
must be approved by the chief medical examiner or his assistant if death occurred in a hospital c	released to the hospital by a medical examiner. Also, if the direct or contributing cause of de	iccident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decea	a hospital (except where the physician who pronounced death was in regular attendance on	r to death); and (6) No physician was in regular attendance on the deceased prior to death. S	and the state of the state of the same and and and single discussions is made

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) UDYSSES S. JOHNSON APRIL 20, 1967 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before B. COUNTY A. STATE MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city fimits, write RURAL and give townsh BALTIMORE 3520 Hilton Road D. STREET ADDRESS (tf rural, give tacation) 3929 Ridgewood Ave. 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Hours WIDOWED, DIVORCED (specify) lost birthday) Months Doys Male Colored 11-16-1885 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired)
Self Employed Laurens, S. C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Johnson Rose Hunter 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 212-03-5962 No Gladys Lyles - 3929 Ridgewood Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY prostate will mitastage LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, osthenia, etc. ft means the disease, injury ar complication which coused deoth,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an... and that in(my) (ewr) apinian death accurred an the date and haur and from the causes stated abave. (1) (##e) (##d) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. 23C. PHYSICIAN'S 23D. ADDRESS the body was r shows: (1) An ar was D.O.A. at c deceased prior written approve approv NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 4-24-67 Arbutus Memorial Park Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAN 25C. FUNERAL DIRECTOR ADDRESS

Charles 802 Madison Ave



	67 AilAA	BALTIMORE CITY	HEALTH DEPARTMENT		CP 40 4 4
- 11	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	0/ 4044
	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	(50,0
- 11	(Type or Print) Robert a	miller	4/2.	3/67	11 / M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT		ution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give address or location)	street	ma.		
	INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write RUI	(AL and give township)
	400	, ,	D. STREET ADDRESS (III	urol, give location)	1.
	Se Balto Deneral 7/1	sp.	1235 Cl	ereland &	7.
	5. SEX 6. RACE 7. MARRIED, NE WIDOWED, D	VER MARRIED DIVORCED (specify)		AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Nonths: Doys Hours Min.
	male white man	ried	5/4/1907	59	
	IDA, USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	ISINESS OR INDUSTRY	11/BIRTHPLACE (State or foreig	In country)	12. CITIZEN OF WHAT COUNTRY?
	Chauffeur Eastman	- Notak	M.S.		21.S. A.
	13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	NE .	
	Derlert Millor		- Alice 6	umn	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	=	ADDRESS
	ne - 2	15-05-1363	My Rosel	· Miller	
	1B. 260 XI	CAUSE OF	DEATH	, 1	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	MASIL "	Themons	Ida
	(This does not mean the mode of dying, e.g.,	DUE TO	Gooden	10000	
	hearl foilure, oslhenia, etc. It means the disease, injury ar camplication which caused death.)	10	mare times of	a d. Nonel	
	ANTECEDENT CAUSES	(B) V	yper usu y	Meniala	390
	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoling the	(C)	8 1 1 1	sease	
	UNDERLYING CONDITION last.	(0)	Mayer mi	Pliles	300
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
	ERI		no		
	U 21A. ACCIDENT WAS UNDERLYING 21B. PL/ OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21 C. WHERE DID	(It in Boltimore C	ity, give exact location)
1	0	JURY OCCURRED	21F. HOW DID INJU	INV. O.C.CILIR?	
	₩ OF INJURY KARROY	At Not While		oki occok:	
	Work	At Work	10	13 4/7	3 (7
	22. I certify that (I) (this hospital) attended the a	deceased tram Julius	17	4 : () () ()	
	ond Apur ond from the causes stated above. (1) (V	Way (did)(did -a)	·	T In my (dur) opinio	on death occurred on the date
	23A SIGNATURE	Ter (did) (did ildi) VI	ew the body difer dedili.	2	B. DATE SIGNED /
	Hring Taukentin	M.D. Atter	Med.	Stoff Phys.	Hx4/67
	23C/PHYSICIAN'S		3D. ADDRESS	0 10 0	
	JOSEPH & LAWKAIT	15 M()M.D.	6/9Washin	star Mrd	Baltrare Mo
	24A. BURIAL CREMATION, 24B. DATE 24C. NAMI	E of CEMETERY OF CRE	MATORY 24D. LA	CATION (City,	town, or county) (State)
	Burial 447/67 now	- Cathedra	6 6 em. 430	or Old Fre	eferick Rd.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS ST
	APR 25 1967 12052	STORE PROPERTY.	John J. Too	van son In	c. Diellins
	VS 150-REV. 1/1/65	1 11	,		93,714.

The metal and a second of the same Angestral Continues Sept. E-1/4 Ca 12 11/5 11/4 Must of fame in to me ROSEPH CLEUNDITE MY ETHERS WESTERNESS PRICE

. 6"		DRE CITY HEALTH DEPARTMENT	67 4045
100	BIRTH NO. 67 4045 CERTI	FICATE OF DEATH Registered Na.	3090
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) SARAM BARIS	2. DATE AND HOUR OF DEATH	7 1 930 P M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If instit	
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress ar lacotion) INSTITUTION	C. CITY OR TOWN (If autside city limits, write RUR	AL and give towaship)
	1/2	BALTIMORE D. STREET ADDRESS (If rural, give location)	28-03
5	Sinai Hospital	D. STREET ADDRESS (If rural, give location) 55/06WYNNOAK	AUE.
		oecify) 10/8/90 lost birthday) 76 ^	f Under 1 Yr. If Under 24 Hrs. Annths Days Hours Min.
included in the	10A. USUAL OCCUPATION (Give kind al work 10B. KIND OF BUSINESS OR IN done during most of working life, even if refired) Housewife At Home	NDUSTRY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
<u>.</u>	? EURNBLATT	Anna ?	
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown)((If yes, give war ar dates of service) SECURITY No.	17. INFORMANT	ADDRESS Ave.
	No No	CHART Mrs. Rose B. Le	
	18. 11. 20. 11 C.	AUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
- 1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MYOCARDIAC INFARCTION	610A
	(This does not mean the mode of dying, e.g., DUE	707.	
	heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, if any, giving		
	rise to the obove cause (A) stating the (C)_UNDERLYING CONDITION last.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		10
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
	W I	JRY (e.g., in or obaut 21 C. WHERE DID (If in Boltimore C	ity, give exoct location)
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) Note of the contribution of	street, office bldg., INJURY OCCUR?	ny, give exoct tocollon
8	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCUR	RRED 21F. HOW DID INJURY OCCUR?	,
		At Work	
	22. I certify that (1) (this haspital) attended the deceased from	, =1	19.0/.
	that (I) (we) last saw the deceased alive an	19 and that in(my) (aur) apinia	n death accurred an the date
	and havr and from the causes stated above. (1) (We) (did) (di		- DATE MANUE
	Market	A.D. Attending Med. Stoll	B. DATE SIGNED
	23C. PHYSICIAM'S	Phys. Director Phys. 23D. ADDRESS	4/246)
	SHELDON FRANK	M.D. Sinai Hospital	
	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETER	· · · · · · · · · · · · · · · · · · ·	town, or county) (State)
	Burial 4/23/4967 Workmen C		
0	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS .
}	APR 25 1967 10 02 for 8 Fr. A.	Sol Levinson & Bros. 6010	Kershershown Kom

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VS 150-REV. 1/1/65

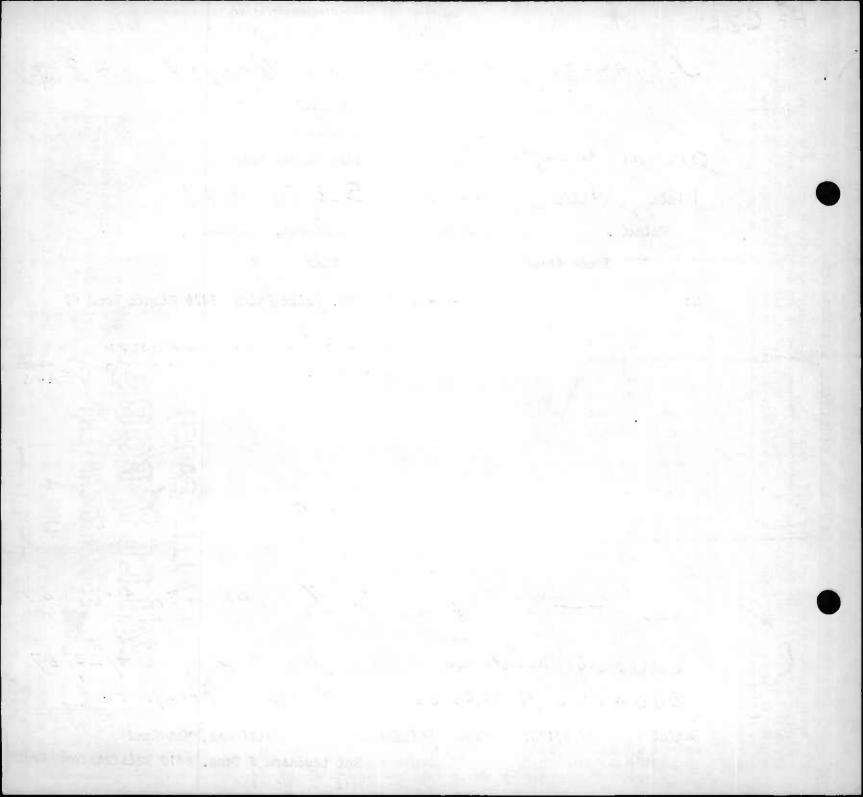
1967

25C. FUNERAL DIRECTOR SOL Levinson Bros. 6010 Reisterstown Road 8

NUMBER OF STREET with a street that the light I govern

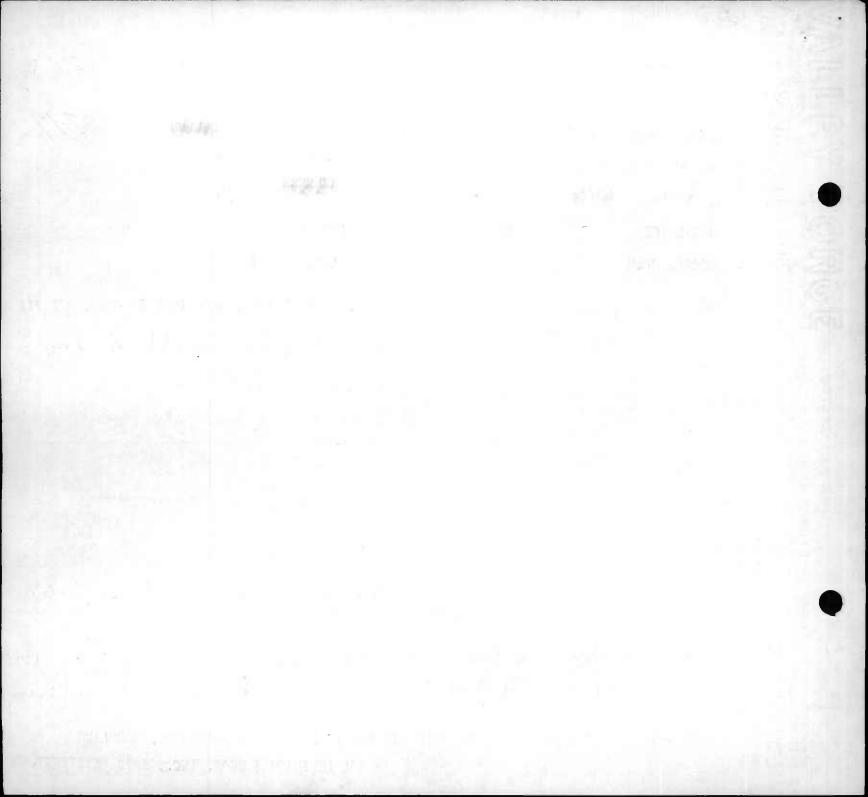
FUNERAL DIRECTOR: IMPORTANT

Cr	7 4046	BALTIMORE CITY	HEALTH DEPARTMENT	N	67 4046
BIRTH NO.	4046	CERTIFICA	TE OF DEATH	Registered Na	0/ 4040
M.E. CASE NO.				HOUR OF DEATH	
(Type or Print) CHA	RLES ,	FRIED	4/	22/67	2.25 px
3. PLACE OF DEATH IN	BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceosed lived. If insti TY	tution: residence before odmission
	If not in hospitol or institu oddiess oi locotion)	ition, give street	Maryland C. CITY OR TOWN (If outs	side city limits, write RU	RAL and give township)
I will	01	1	Baltimore		53-00
Sinai	Hospi	tal	D. STREET ADDRESS (If no 3426 Ripple Re	urol, give locotion) oad	
5. SEX 6. RAC	E 7. MAI	RIED, NEVER MARRIED	8 DATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24 Hr
Male IDA, USUAL OCCUPATION	White	OWED, DIVORCED (specify) MARM CO ID OF BUSINESS OR INDUSTRY	3/20/89	7/	Months Doys Hours Min.
done during most of working l	ife, even if retired)	Salesman	Baltimore, Mo		WHAT COUNTRY? USA
13. FATHER'S NAME		-	14. MOTHER'S MAIDEN NAM	A E	
	Jacob Fried			?	,
15. Was Deceased Ever in (Yes, no or unknown) (If yes,		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		219-03-4322A	Mrs. Yetta Fried 3426 Rip		ople Road #7
18. 2 4 3	ΧI	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	CONDITION DIRECTLY		manit	0/ 110 1/0	ONSET AND DEATH
	NG TO DEATH	lnemi's	of WAND	70WN	
heort foilure, astheni	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,			*	8 YEAR
					O YILAIL
	DUE TO				······································
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the (C)					
UNDERLYING CON	UNDERLYING CONDITION last.				
은 TO THE DEATH	CONDITIONS CONTRIB	UTING D THE			
DISEASE OR CONDI	TION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FII	NDINGS CONSIDERED
19A. DATE OF OPERA	WAS PERFORMED		220	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING DEATH (notify medico DEATH (notify medico DEATH (notify medico DEATH (notify medico	CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S OF INJURY		While At Not Whi	le 🦳		
		Work At Work		1 4	/22 10/0
		ded the deceosed from		96) 10 4,	
that (I) (we) last s	aw the deceased alive	on 7/22	19 6 7 and the	ot in (my) (our) opini	an death accurred on the do
	the causes stated abo	ve. (I) (We) (did) (did not)	view the body after deoth.		
23A. SIGNATURE	, 01.	. 1		/	38, DATE SIGNED
Eduo	rdo 74c	dalgo M.D. Att		Stoff Phys.	4/22/67
23C. PHYSICIAN'S NAME (Type)		. ()	23D. ADDRESS	0 1	
ENIL	FRDD HI	DXL 60 M.D.	Dinai	7402	pital,
24A. BURIAL CREMATION REMOVAL (Specify)	1, 24B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town, or county) (Stote)
Burial	4/23/1967	Hebrew Friedn	shin Ral.	timore, Mary	land
25A. DATE REC'D BY HE	LTH DEPT. 268. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
APR	20 1967 06	get E. Sarbey Mill	Sol Levinson	& Bros. 6010	Reisterstown Ro
VS 150-REV. 1/1/65		9 6 / 0-9	1 1 0 5 1		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	7	BALTIMORE CITY	HEALTH DEPARTMENT
0		H NO. CERTIFICA	TE OF DEATH Registered No. 67 4047
	1. N	CASE NO.	2. DATE AND HOUR OF DEATH
	{Тур	e or Print) Leah GraneR	April 21, 1967 1225 pm.
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
		ULL NAME OF (If not in haspital or institution, give street	MARYLAND
		OSPITAL OR address at location)	C. CITY OR TOWN (If autside city limits, write RURAL and give township)
		Levindale, Hebrew Home and	D. STREET ADDRESS (If rural, give location)
	7	/ lasting and	
	5. SI		B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs.
		semale Write windows	last birthday) Manths Days Haurs Min.
1		USD'AL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		OUSEWIFE AT HOME	LATVIA USA
	13. F	ATHERS NAME	14. MOTHER'S MAIDEN NAME
,	Mo	ORRIS OREM	BLUMA ?
	15. V	Vas Deceased Ever in U. S. Armed Forces? na ar unknawn)(If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	NO	110	UP HAPPIC COMMEN (600 LIPEDTY PARA APT 711
	-	1B. // D D // CAUSE OF	
3		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
		LEADING TO DEATH	ecurrent pulmonery emboli 4 days
		(This daes not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
		ANTECEDENT CAUSES (B)	heboth windows
		DISEASES OR CONDITIONS, if any, giving	
3		rise to the above cause (A) stating the (C)	CVD + cong. heart failing
		UNDERLYING CONDITION lost.	3 '
	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID (If in Baltimare City, give exact location)
	AL.	OR CONTRIBUTING CAUSE OF hame, farm, factory, street, off DEATH (natify medical examiner)	fice bldg., INJURY OCCUR?
,	음	21D. TIME (Manih) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	. > .	OF INJURY (APPROX.) While At Not While At Wark	
			Nov-3- 1964 10 April 21 1967,
	1	that (I) (we) last saw the deceased alive an 1 pail 21	19.6. and that in(my) (por) apinian death accurred an the date
	(and haur and fram the causes stated above. (I) (We) (did) (did no t) v	
3	1 1	23A. SIGNATURE	23B. DATE SIGNED
		Will William M.D. Atter Phys	nding Med. Staff April 21, 196/
		23C. PHYSICIANS NAME IType! C. 1 1	23D. ADDRESS
2		M.D.	Leurn dale, Hether Home and Infirmary
	24A.	BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CRE	MATORY 24D. LOCATION (City, town, or county) (State)
	0.5.1	BURIAL 4/23/67 CHITUK AMUNO (A	RLINGTON) BALTIMORE, MARYLAND ADDRESS
:	25A.	DATE RECIPIED HEALTH DEPT.	
'	Vs 1	50-REV. 1/1/65	SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN
	73 1		



		BALTIMORE CITY	HEALTH DEPARTMENT		Ciry	40.40
BIRTH	NO. 67 4048	CERTIFICA	TE OF DEATH	Registered Na	01	4048
1. NA	ME OF DECEASED		2. DATE AND	HOUR OF DEATH		
(Type	ESS, ROBERT	77	2200	011 67	1	150
3. PL.	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If ins	titution: reside	ence before odmission)
HC	LL NAME OF (If not in hospital or institu SSPITAL OR oddress or location) STITUTION	C. CITY OR TOWN (If outs	TIMOK G	URAL ond give	re township)	
14	NION MEMORIAL	14250	BALTIMOR D. STREET ADDRESS (If ro	rol, give location)		11-0-
			119 W, 2	AFAYE AGE (In years	TTE	AUC
5. SE)	Male White m	RIED, NEVER MARRIED OWED, DIVORCED (specify)	11-28-27	3 S	Months Doy	Yr. If Under 24 Hrs. Hours Min.
	JSUAL OCCUPATION (Give kind of work 108, KIN during most of working lile, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN	OF COUNTRY?
		Attorney	md, Balti	more	05	
13. FA	L AWYER	11000.000	14. MOTHER'S MAIDEN NAM			37
Ema	nael4/E55		ALICE R	OSIENE	tac. U	
15. W	as Deceased Ever in U. S. Armed Forces?	ice) 1 6. SOCIAL SECURITY NO.	ALICE R		AD	DRESS
	who	213-28-3241	Mrs. Jane Hess	119 W. Lat	auette.	AVE.
11	- 07-	CAUSE O			INTE	RVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Man	16/100	an 0 1	101	L 1
((This does not mean the made at dying, e.g.,					
	heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.) ANTECEDENT CAUSES (B) Fernal Placebothum horis Due to					
	ANTECEDENT CAUSES	(8)	moral place	esother	nhos	5
	DISEASES OR CONDITIONS, if any, gi	ving			0	7. /
	rise to the above cause (A) stating the (C)UNDERLYING CONDITION tast.		***************************************		1/2	
II E I .	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		blegia - les	4		
	PA. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CO	NSIDERED TH?
AL C	TA. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID	(If in Boltimore	City, give ex	oct location)
	D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
5	APPROX.)	While At Not While Work Not Work	e 🗌			
2	2. I certify that (4) (this haspital) attend	1		6710 23	APRI	L 1962
	nat (1) (we) last saw the deceased alive		19 6 7 and that	in (my) (aur) apin	ian death a	
H I	nd haur and fram the causes stated above					
2:	A. SIGNATURE	1 12			23B, DATE SI	GNED
	Sedney E. K.	while M.D. Atte	ending Med. S s. Director P	hys.	220	april 6)
2	C.PHYSICIAN'S NAME (Type)		23D. ADDRESS THE UNION ME		SPITÁ	
24A.	DR SIDNEY F KIRKI BURIAL CREMATION, 24B. DATE 24	FY M.D.			y, town, or co	unty) (Stote)
	Burial 4/23/1967	Baltimore, Hel		imore, Mary		
25A.		ME OF REGISTRAR	25C. FUNERAL DIRECTOR Sol Levinson			Erstown Road
VS 15	0-REV. 1/1/65	- 1 July 1	0 5 6			

4655 KONE TX-NOX 2234 Ald Edwards CALLERY MERICANIA MATERIA 119 W. LAPAPETTE I 11-28-27 39 Mes Walco NAKKIE 0 Mid a serious 1 1WY6 K ALKE ROSONSTEER 553 M. Wall the three by the pull out and Marie pulmonery embedgeting I enout Halebothin horis Harapleyin left 1700 CC 19 - 2700 5 22 18012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

IMPORTANT **DIRECTOR:** FUNERAL BIRTH NO.

MELVYN

REMOVAL (Specify)

VS 150-REV, 1/1/65

24A. BURIAL CREMATION, 24B. DATE

25A. DATE REC'D BY HEALTH DEPT.

4/23/67

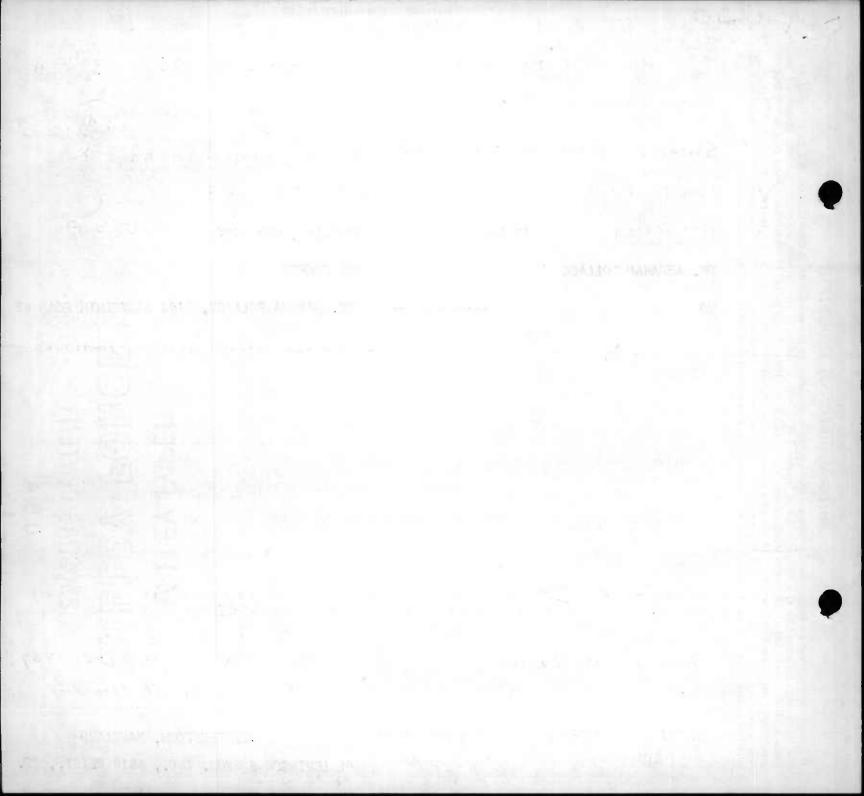
D.O.A.

SDM

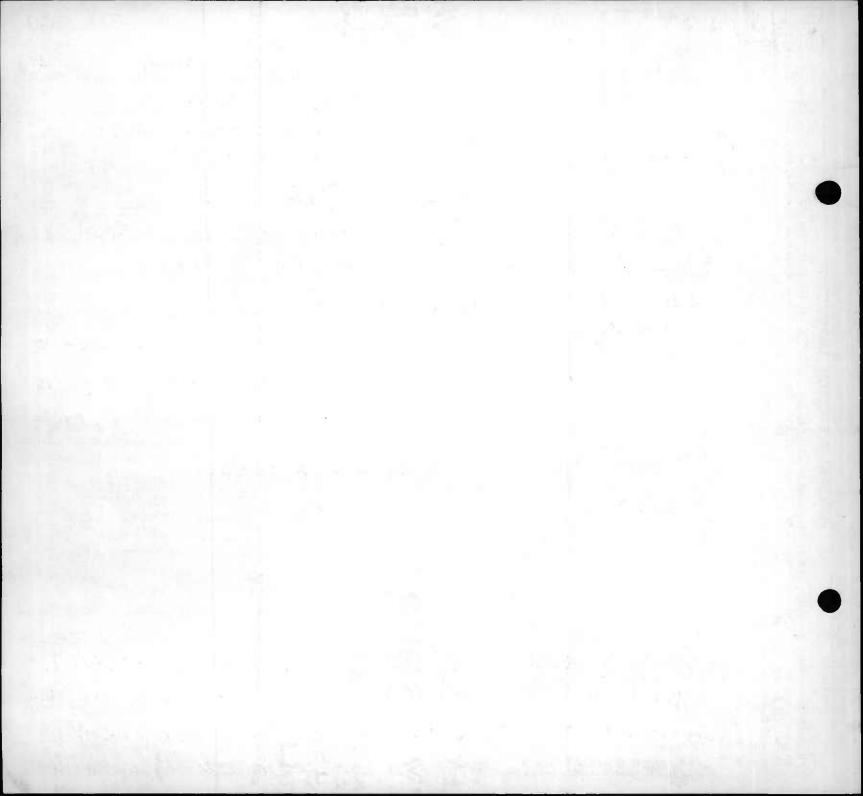
eceased

(If outside city limits, write RURAL and give township If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? S. A INTERVAL BETWEEN ONSET AND DEATH Z HOURS 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 1967 10 APRIL ond that in (my) (our) opinion death occurred on the date 238. DATE SIGNED APRIL 21, 1967 HOSPITAL OF BALTIMORE SINAI 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION BALTIMORE HEBREW REISTERSTOWN, MARY LAND 25C. FUNERAL DIRECTOR LEVINSON & BROS. INC., 6010 REIST., RD.

Registered No.



1	67 4050	BALTIMORE CITY	HEALTH DEPARTMENT		013 4070
777	BRTH NO. 67 4050	CERTIFICA	TE OF DEATH	Registered No.	_67_4050
	M.E. CASE NO. 1, NAME OF DECEASED			HOUR OF DEATH	
((Type or Print) KATHRYN CPHE	LAN	4/22/0	7. 1:20 AM	A. M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceased lived, If institution	on: residence before odmission)
Ш	FINE ALANE OF THE STATE OF THE		11/1/	N.V.	
	FULL NAME OF (If not in hospital or institution, give str. HOSPITAL OR address or location)	et	C. CITY OR TOWN (If outsi	de city limits, write RURAL	ond give township)
	INSTITUTION .		JACKSON	HGTS.	v.y. 1/229
K	MAINERSITY HOSPITAL		D. STREET ADDRESS (If ru	rol, give location)	
	BALTIMORE MARYLAN	D.	3447 907	TH 57	
1	S. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVO		B. DATE OF BIRTH 9.	AGE (In years If Use the birthday) Mor	Under 1 Yr. If Under 24 Hrs.
	Cau WIDOW	ED	411112	55	
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN done during most of working life_even if retired)	ESS OR INDUSTRY	11. BIRTHPMACE (State or fareign	country) 12.	CITIZEN OF WHAT COUNTRY?
	4/100W	•	MARYLAND		CI.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	EARL V. CARTER		HELEN	DUFFE	/
	15. Was Deceased Ever in U. S. Armed Forces? 16. SC	CIAL	17. INFORMANT)	ADDRESS
- []	A A.	CURITY NO.	CHART.		
1	118.	3-01-0938	CTITION		INTERVAL BETWEEN
	163 X	CAUSE O	PERIN		ONSET AND DEATH
Ш	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RES	SPIRATORY INS	OFFICIENCY	24HOURS.
	(This does not meen the mode of dying, e.g.,	DUE TO	***************************************		
	heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	C 1	00100000000	1046	9 MEARS
	ANTECEDENT CAUSES	(B)	RCINOMOOF	20100	2 VEAR
	DISEASES OR CONDITIONS, if any, giving	MI	LTIPLE ME	TASTASES	1 KEND.
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) 11 0	LITTLE PIL	17317	ITCAN
	11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2001 ha	CHINI ASTIL	M D.	
	DISEASE OR CONDITION CAUSING IT.		CHIAL ASTH		
	198. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE	OF INITIRY (e.g., ir	n or obout 21 C. WHERE DID	(If in Boltimore City	, give exact location)
	OR CONTRIBUTING CAUSE OF home, form	, foctory, street, of	fice bldg., INJURY OCCUR?		g 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Н	0	RY OCCURRED	21F. HOW DID INJU	DY OCCUP?	
	S OF INJURY			KI OCCOK:	
	(A PPROX.) Work	At Work			
	22. I certify that (I) (this hospital) attended the dec	eosed from	19	to	
Ш	that (I) (we) lost sow the deceased alive on		19 ond that	in(my) (our) opinion	deoth occurred on the dote
	ond hour and from the couses stated above. (I) (We)	(did) (did not) v	iew the body ofter deoth.		
	23A. SIGNATURE	Card Any	ending Med. S	23 B.	DATE SIGNED
	Cline () Beebl	Phy	s. Director P	hy s.	1/6/6/1
	23C.PHYSICIAN'S V	C1 (23D. ADDRESS	11.0	0. 0. 1
	CHRIST WHER J. BEET	EL (M.D.	MULES!	TY HOSP	BALLIND.
- 11	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF GRE	MATORY 24D. LO	CATION (City, to	wn, or county) (State)
	Cremation 4/28/61 Freshy	20Nd Cr	ematory Out	ens New Y	OrK. IV.V.
	2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REG	STRAR	2SC, FUNERAL DIRECTOR	00	ADDRESS 6
	APR 25 1967 OF Part E.	California Pall	Innlures me	1324 Sulp	un sp. M.
1	VS 150-REV. 171/65	1 11	0 0 0 0		V



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/	-21	1	1	1

1		67. 4	.051	MED	ICAL EX	BALTIMORE CITY				DEATH	:	27 4054
MI-460		H NO.		MED	ICAL E	XAMINER'	3 CER	CHEICAI	E 07	YEATH	egisterea Na	31 400
	1. N (Typ	AME OF DEC	EASED						2. DATE AN	D HOUR PRON	OUNCED DEA	D
	3. P			Carlto		LER UNCED DEAD	4. A	USUAL RESIDE	NCE (Where	22, 196 deceosed lived.	7 If institution: 16 B. COUNTY	12:01 AM.
	HO:	L NAME OF SPITAL OR TITUTION	(IF NO ADDRE	T IN HOSPIT	AL OR INSTIT	UTION, GIVE STRE	С	. CITY OR TOW		e corporote limit	s, write RURAL	ond give township)
3	6	Baltimo	re Cit	y Hosp	ital	(DC	A) D	STREET ADDR	ESS (If rutol,			
9	5. S	FX	6. RACE		7. MARRIED	, NEVER MARRIED	IB.	DATE OF BIRTH		Main St.	veors If Un	der 1 Yr. If Under 24 Hrs.
	7	Male	Whit	e	WIDO WED,	DIVORCED(specify)		April 9-1		lost birthdo	y) Month	S Doys Hours Min.
	done	Retir	orking life, e		k TOB. KIND O	F BUSINESS OR IN		West	Virgin	ia	WH	U.S.A.
di	13. F	ATHER'S NAM		A. Mi	ller		14	MOTHER'S MA	sie: Wi			
		VAS DECEASE	D EVER IN	U.S. ARMEI	FORCES?	16. SO CIAL	17.	INFORMANT	STG: MT	TT2	# 4, ADDRE	22
	(Yes	ro or unknown)	(If yes, giv		es of service)	233-16-66	93 1	Vife. Mrs	. Mary	Miller.	# 4,a,b,	e, d. « marlesmont Rd.
	H	1B. // -	7 7	1.				F DEATH	-	alk, Md		INTERVAL BETWEEN
		DISEAS	E OR CO	NDITION D	IRECTLY							ONSET AND DEATH
		(This does n	ot meon	TO DEATH	dvina e.a.	DUE TO	rteri	osclerot	ic car	liovascu	lar dise	ase
		heort foilule,	osthenio, e	tc. It meon: hich coused	s the discose,	502 10						
	-	.А	NTECEDE	NT CAUSE	S							
		DISEASES	OR COND	TIONS, IF	ANY, GIVING	(B) DUE TO	·					
		UNDERLYIN			TATING THE							
	S.					(C)						
	ERTIFICATION	TO THE	DEATH BI		CONTRIBUTI							
	CERT	19A. DATE OF	OPERATIO		NDITION FOR	WHICH OPERATIO	N	20A. AUTOPSY?	(Yes or No)		ERE FINDINGS	
	DICAL	21 A. EXTERNAL UNDERLYING UTING CAU	CAUSE V	VAS RIB- TH.	21B. hometc.)	PLACE OF INJURY e, form, foctory, s	(e.g., in treet, offic	or obout 21C. W	HERE DID OCCUR?	(If in Boltimore	City, give exoct	locotion)
	Σ	21D TIME OF INJURY (APPROX.)	(Month)			WHILE AT	NOT WH	ILE	M DID INJ	URY OCCUR?		
		22. 1 cert	ify that I	held an	Inquiry 🗌	Inspection			that an th	is basis, dear	th in my anin	lan
				Natural ca			Suicide			Undetermined		
		16301	red II dilli.	CA /	1	C = a	Joicide L			AMINER	illumet	
		ACTUAL		Venl	2).	Jan &	- A	SSISTANT ME				DATE SIGNED
	,	SIGNAT	ED'S	,,,,,,		The state of the s	Δ	SSOCIATE MI				7 22 07
		NAME (Гуре)	_		ingate, M.	D.					
		BURIAL CREATION ACTION OF THE PROPERTY OF THE	}	23B. DATE		C. NAME OF CEM	ETERY or C	REMATORY	23 D. L	OCATION	(City, town, o	r county) (Stote)
	0.11	Buria			26-1967	Baltimor	Nat:	ional	Bis	ltimore.	Maryla	nd 21228
	24A	. DATE REC'D	BY HEALTI	DEPT.	24B, NAME	OF REGISTRAR	40 15	40.00		Dundall		
	Vs	151-REV. 1/1/	APR 2	5 1967	10, 20	15 E. Jan	Carles.				~y ~~.	
	, 3	131-RCV, 1717			, 0	1 0	1 0	40	5 9			

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				BALTIMORE CITY	HEALTH DEPARTMENT	1	67 4052
		TH NO. 67 4052		CERTIFICA	TE OF DEATH	Registered Na.	
	1. N	AME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
	{Тур	De or Print) PIKE, MR	WA	lier	L(.	22 67	9.15 P.M.
	3. P	PLACE OF DEATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE (When		nstitution: residence before odmission)
	F	FULL NAME OF (If not in hospital or	r institution.	give street	MD.		Dalla. Ca
	F	OSPITAL OR oddress or location) NSTITUTION		g	C. CITY OR TOWN (If out	tside city limits, write	RURAL ond give township)
		eturch itom	= 1 1	HOSP.	BALTIMOR	*	53.00
		25 CHOREN (1011)	- 9	(1034)		rurol, give location)	10
de.	1	22					VC - 21
s made.	5. \$	MW	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	7.988	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
2 L		. USUAL OCCUPATION (Give kind of work) during most of warking life, even if retired)	OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
9		ELECT. MAINT. MARTINCO.	Martin	Company	IOWA		AMR.
OSI		FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME	
Š		Fredrick R	Pike		C	harlette M	Leeds
ō	15. \	Was Deceased Ever in U. S. Armed Force	os?	1 6. SOCIAL	17. INFORMANT		ADDRESS
final disposition		No • (If yes, give wor or dotes	of service)	212-03-4074	CHURCH	HOME &	- HOSP.
0		1B. 490X 1		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
D		DISEASE OR CONDITION DIRE LEADING TO DEATH	CTLY	A	and The	dial Tula	idia mo
Ě		(This does not mean the made of a		DUE TO	cute myocon acute pue	reace inje	in section
Q		heart failure, asthenia, etc. It means t			. T		wes
embalmed		ANTECEDENT CAUSES		(B)	acute pre	umonia	- one week
		DISEASES OR CONDITIONS, if a	nv nivina	DUE TO			
are		rise to the above cause (A)		(C)	***************************************		
the remains		UNDERLYING CONDITION last.					
2	z	OTHER SIGNIFICANT CONDITIONS CO	NTRIRITIN	G			
9	ATIO	TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO TH				
n P	0	19A. DATE OF OPERATION 19B. COND	ITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
0	ERTIF	WAS PERFO	DKMED			IN CERTIFIENG CA	USES OF DEATH?
betore	AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B hom etc.	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact facation)
	DIC	21D. TIME (Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ained	٤	OF INJURY (APPROX.)	Wh	ile At Not While			
ρtα		22. I certify that (I) (this hospital)			6 16	19 67 to	4 22 1967.
opt				(1			
De		that (I) (we) last saw the deceased				at in(my) (aur) api	nion death accurred an the date
must		and haur and fram the causes state 23A. SIGNATURE	d abave. (I	l) (We) (did) (did nat) v	iew the bady after death.		DOOR DAYS CLONES
Ē		4	10.31	M.D. Atte	nding Med.	Stoff	23 B. DATE SIGNED
		23C BHYSICIANS	nderth	Phy:	s. Director	Phys.	4/22/67.
approval		23C. PHYSICIAN'S NAME (Type)	1	- 0 Th	23D. ADDRESS	home &	hospital.
рр		K-17 · H	NAN	DA 1A 11.0.		Balls	morel. Nd.
	24A	REMOVAL (Specify)		AME of CEMETERY or CRE	MATORY 24D. LO	OCATION (C	ity, town, or county) (Stote)
written		Burial 4-25-19		rkwood Cemeter	В	altimore	Co. Md.
E	25A	DATE REC'D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS (34)
3		APR 2 5 1967 (IL	Dra. 18 8	- Star Ben M. M.	Lassalmatur	seral Home	9481 Below Rose
	VS.	150-REV. 1/1/65	9	6 / 11	0 4 0 6 1		

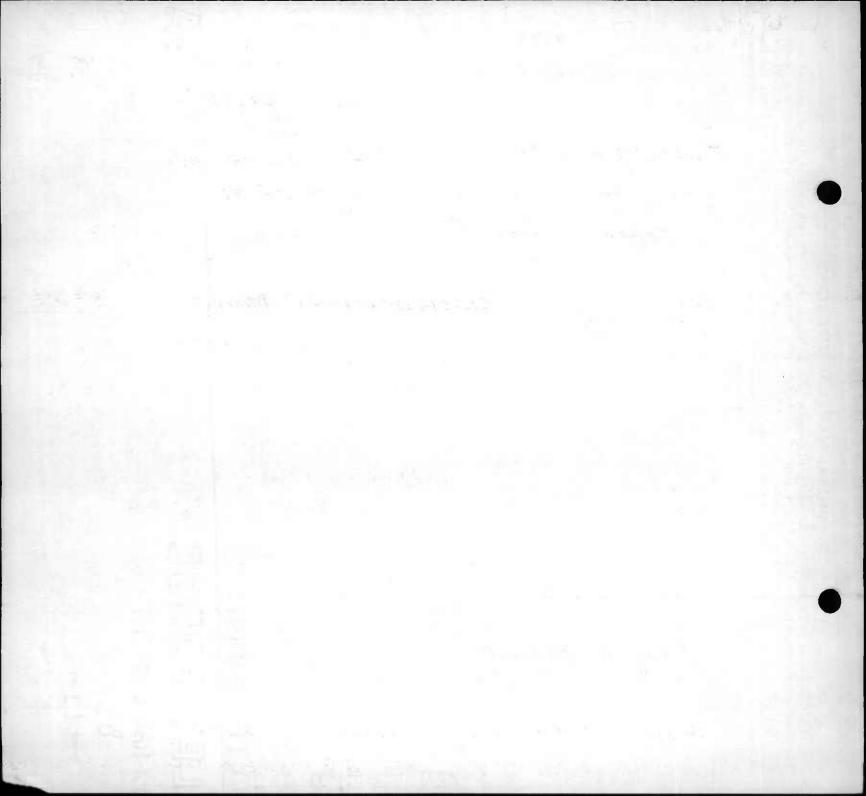
20 31 F F CHISCHIN M. 19 great Amot of the purchase will be Same A . M. S. KH- ANANDAH

BALTIMORE CITY HEALTH DEPARTMENT

THE MELLOW A TELL Y THE ST. 67 MALLEY MANY LOVE SET JAN JAN CHILL HAVE BELL DIO 1768 BEDOKNIEW KO Marine a marine a resident of the र्वाट महिल्ली हैं है है । THOMAS FRANCES SANDY OWER MADYE The water GLIC BLASTOWIA WILLTHORNS (accept) materials to the for 4-22 4 27 10 21-4 claim & Trolal CHRYI C NOBEC 2903 A PROGRAM

FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occu	h occu
the body was released to the hospital by a medical examiner. Also, if the direct or contri	contri
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermi	termi
was D.O.A. at a hospital (except where the physician who pronounced death was in regu	regu
physician was i	cedse

	BALTIMORE CITY HEALTH DEPARTMENT	C' AOC
	NO. 67 4054 CERTIFICATE OF DEATH X	Registered No. 67 4054
I.NA		HOUR OF DEATH
		0-67 5:15 5
. PL	A. STATE B. COUNTY	
FU	DLL NAME OF (If not in hospital or institution, give street OSPITAL OR oddress or location)	de city limits, write RURAL ond give township)
3	MERCY HOSPITAL D. STREET ADDRESS (IF TOTAL)	al, give location)
	AMEN	AY AVE
. SE)	6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. WIDOWED, DIVORCED Ispecify)	AGE (In years If Under 1 Yr., If Under 24 Months Doys Hours N
na i	ISHAL OCCUPATION (Give kind of workflor KIND OF RUSINESS OR INDUSTRY II) RIPTER A CF (Stole of foreign	country) 12, CITIZEN OF
lone	during most of working life, even if refrred)	WHAT COUNTRY:
13. FA	TAILOR CALVERI-CLOIRES LITHUALITY ATHERS NAME 14. MOTHERS MAIDEN NAME	USA
.5.17	THE STATE OF THE S	•
	os Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yes,	no or unknown) [If yes, give war or dotes of service) SECURITY NO.	5 0 00
U	115-01-0535 DOROTHY BR B. 334XIV-260 X CAUSE OF DEATH	ASKIS INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT
	LEADING TO DEATH (A) POSSIBLE MYOCARDINI	INFARCTION MIN
1	the state of the s	AR FIBRILLATION
'	ANTECEDENT CAUSES (B) ARTERIOSCIC ROTIC VASC.	PLAR DISEASE YRS
,	DISEASES OR CONDITIONS, if any, giving	
1	ise to the above couse (A) stating the IC) STROKE	
	11	
NO.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
4	DISEASE OR CONDITION CAUSING IT.	YRS.
ERTIFIC	9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0 2	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID	III in Boltimore City, give exoct locotian)
CAL	DR CONTRIBUTING CAUSE OF home, farm, factory, street, office bldg., INJURY OCCUR?	
ā 2	21D. TIME (Month) (Doy) (Year) IHour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OF INJURY	RY OCCUR?
	APPROX.) While At Work Not While Work	
2	2. I certify that (1) (this hospital) ottended the deceased fram 4-4 19	67 10 4-20 196
t	hot (1) (we) lost sow the deceased alive an 4-20- 1967 and that	in (my) (our) opinion death accurred an th
	and haur and fram the causes stoted above. (1) (We) (did) (did nat) view the body ofter deoth.	
2	3A. SIGNATURE M.D. Attending Med. Ste	23 B. DATE SIGNED 4-20-67
	Phys. Director Ph	off 4-20-6 /
	32 C.PHYSICIAN'S NAME (Type)	
24A.	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOC	CATION (City, town, or county)
-70*	REMOVAL (Specify)	
25A.	BURIAL 14/67 HOLY REDIFIER BATER DIE FOR DIRECTOR	BALTO. M.D. ADDRESS
	TE. CONNE	
S 1	50-REV. 1/1/64PR & 3 1331	500



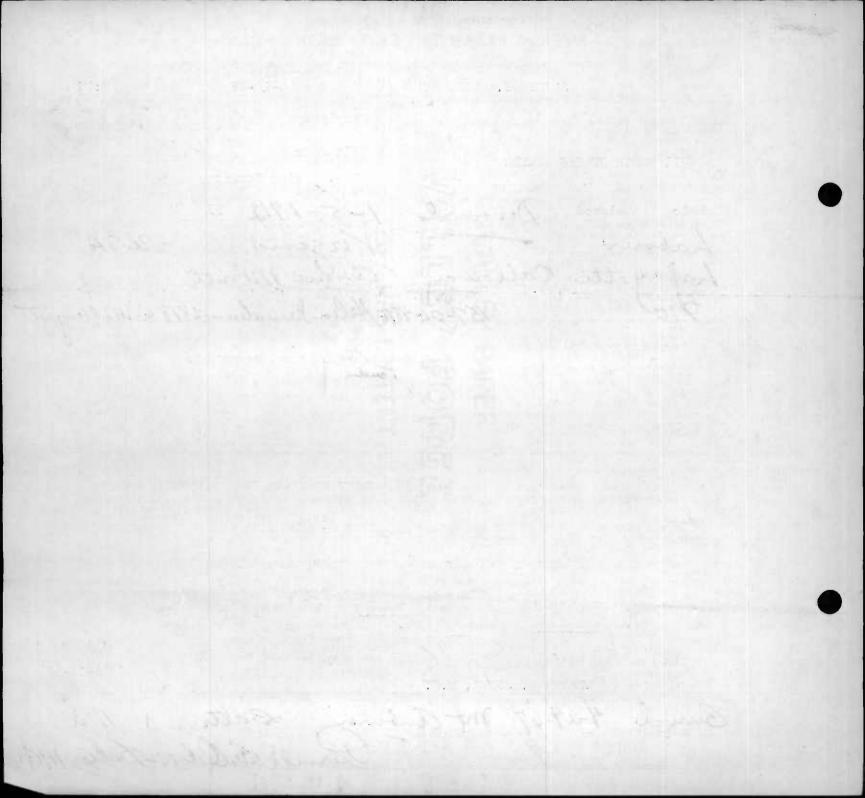
A-432	67 4055 BIRTH NO. M.E. CASE NO.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67	405
	I NAME OF DECEASED	2 DATE AND HOUR REONOUNCED DEAD	

PIERCE G. ALTSCHUL Print 22, 1967 F. RACE IN SATIMOSE, MARTIAND, WHEE PRONOUNCED DEAD ULL NAME OF STORY MARYLAND GF MOI MOSPITAL OR INSTITUTION, CIVE STREET ASTAT MARYLAND GF MOI MOSPITAL OR INSTITUTION, CIVE STREET ASTAT MARYLAND GF MOI MOSPITAL OR INSTITUTION, CIVE STREET ASTAT MARYLAND GRAND HER STORY MARKED Baltimore D. STREET ADDRESS III most, yes incored S20 Park Avenue Printer S20 Park Avenue S20 Park Ave	M.E	L CASE NO.										
UNI NAME OF ORDERS OF LOCATION, GIVE STREET ADDRESS OF LOCATION, GIVE MARKED MICH ADDRESS OF LOCATION CAUSES OF LOCA	1. I (Ty)	NAME OF DE	CEASED	PTERC	E G.	ALTSCHIII.	2			D DEAD	5.00	P
Mary Land ONDIFICATION 820 Park Avenue	3. P	LACE IN BALT	IMORE, MAR				4. USUAL RESIDEN		leceosed lived. If instit	tution: resid		2.0.00
Cott of town if usuale coperate limits, write RURAL and give beweakply September Sep								rvland	B. COU	NTY		
Baltimore D. STREET ADDRESS of twend, give location 820 Park Avenue 920	HO	SPITAL OR	ADDRES!	IN HOSPITA	L OR INSTIT	UTION, GIVE STREET			corporate limits, write	RURAL or	d give town	iship)
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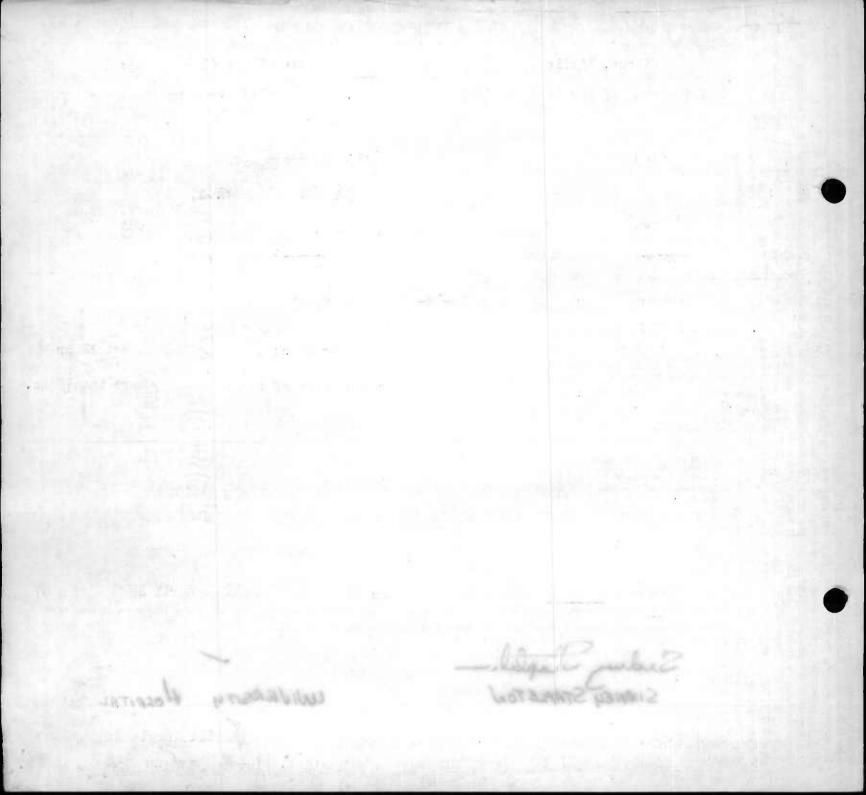
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OF INJURY (APPROX.) Control Con	7			
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ACTUAL SIGNATURE SIGNED SIGNATURE SI	resulted fram: Natural causes X Accident Suic	cide Hamicide	Undetermined	manner
ACTUAL SIGNATURE SIGNED SIGNATURE SI		CHIEF MEI	DICAL EXAMINER	
EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D. 23A. BURIAL CREMATION, PREMOVAL (Specify) 4-24-67 Mt Auburn Balts, MAR. 24A. DATE REC'D BY HEALTH DEPT. APR 25 1967 PROBLEM & CREMATORY ADDRESS VS 151-REV. 1/1/65	ACTUAL MISSING IS -)			DATE SIGNED
NAME (Type) WERNER U. SPITZ, M.D. 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 4-24-67 Mt abure Balt, Male 24A. DATE REC'D BY HEALTH DEPT. APR 25 1967 VS 151-REV. 1/1/65				1 16 67
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) (Stote) Sure 2 4-24-67 Mt Cubum Balts, Max. 24A. DATE REC'D BY HEALTH DEPT. APR 25 1967 Policy Extraction Survey 23D. LOCATION (City, town, of county) (Stote) WS 151-REV. 1/1/65	EXAMINER'S	ASSOCIATE ME	DICAL EXAMINER	4-16-6/
Surial 4-24-67 Mt Auburn Balts. Md. 24A. DATE REC'D BY HEALTH DEPT. APR 25 1967 Poleub E. Farberth Lurrell B. Oden Balts. M VS 151-REV. 1/1/65		CDF14 1 TO THE	102D 1051701	16:1
24A. DATE REC'D BY HEALTH DEPT. APR 25 1967 VS 151-REV. 1/1/65 APR 25 1965 The last Englished Survey Survey Bull B. Oden Salts. M		RT OF CREMATORY	23D. LOCATION	(City, town, or county)
APR 25 1967 Robert E. Farley M. Virnell B. Oden Balto. M	Surial 7-27-67 mt 11	bun	&salt.	MA.
APR 25 1967 Robert E. Farley M. Virnell B. Oden Balto. M	24A. DATE REC'D BY HEALTH DEPT. 246. NAME OF REGISTRAR	200. FUNERAL	DIRECTOR	ADDRESS
VS 151-REV. 1/1/65		WE KI	. 00	1 1 - 2
	The tool of the ord of days of	Turn	ell AD. Wa	in Dallo, Ma
	VS 151-REV. 1/1/65	2000	1	
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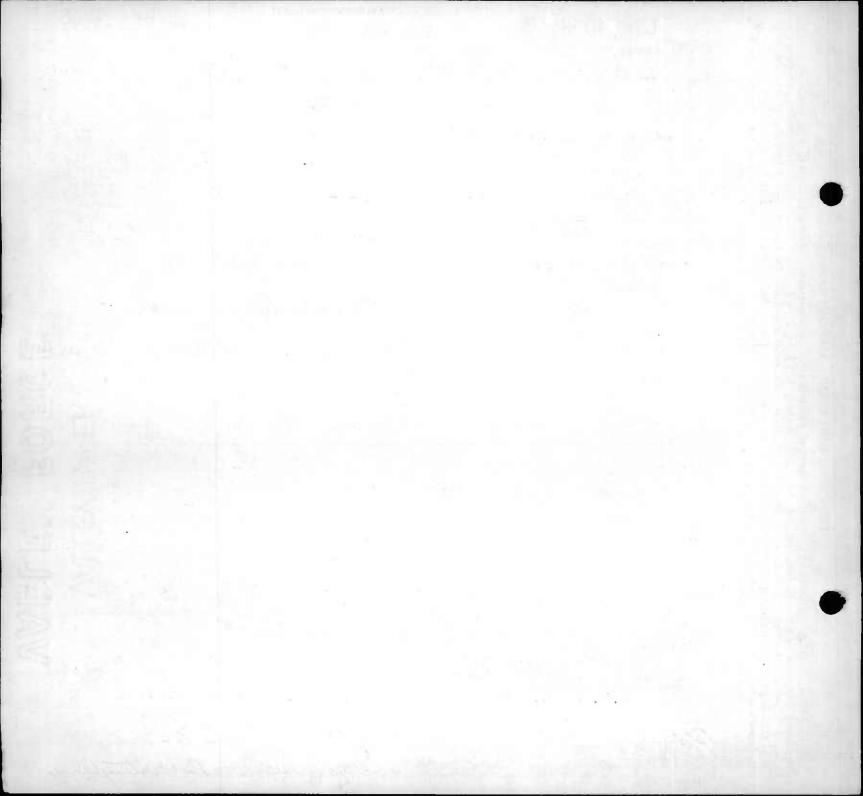


VS 150-REV. 1/1/65

OF ACCES		BALTIMORE CITY	HEALTH	DEPARTMENT		City	A1.1-101
BIRTH NO. 67 4057 M.E. CASE NO.		CERTIFICA	TE O	F DEATH	Registered No	67	4057
1. NAME OF DECEASED				2. DATE ANI	D HOUR OF DEATH		
(Type or Print) The Tana Tire Tal						771.70 47	
Wilson, Willie			T	DOA 22	April 67	11:18 A	
3. PLACE OF DEATH IN BALTIMORE, MA University of Maryla FULL NAME OF WORLD IN THE PROPERTY OF		i tal	A. STAT	E 8. COUNT	e deceased lived. If instituted the control of the	tution: residence t	pefore odmission)
HOSPITAL OR address or location	an)			or town (If outs	side city limits, write RU	RAL and give tow	(nship)
3809			D. STRE	ET ADDRESS (If n	ural, give location)		
	In AAABBERS	- ALEXCED A. A. BRIEF		Edmondson A		V 11 1 2 V	
5. SEX 6. RACE	Marri	ED, DIVORCED (specify)	9/	1 /66	Jepa. 60,1006	Months Doys H	ours Min.
15A, USUAL OCCUPATION (Give kind of word done during most of working life, even if retired) UNKNOWN		er/Antique Act.	USA	IPLACE state or fareig	gn country)	12. CITIZEN OF WHAT COUN	ATRY?
13. FATHER'S NAME			14. MOT	HER'S MAIDEN NAM	A E		
unknown James Wi	lson			tinknown Ro	seibell Pa	ge	
15. Was Deceased Ever in U. S. Armed Fo (Yes.na or unknown) (If yes, give war or dat	es of service)	SECURITY NO.	17. INFO			ADDRES	S
unknowh		213+03+8522	OTC	chart			-5
DISEASE OR CONDITION DI	RECTLY	CAUSE OF	DEATH				. BETWEEN ND DEATH
LEADING TO DEATH		(A) IIama		d - also also		est 12	has
(This does not mean the mode a heart lailure, asthenia, etc. It mean injury or complication which cause	s the diseas		LIMA	ic shock	00000000000000000000000000000000000000		
		(a) Canc	er of	base of to	ngue	more tha	an 15 mo.
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if		DUE TO					
rise to the obove cause (A) UNDERLYING CONDITION lost.		-		***************************************			
11							
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 179A-DATE OF OPERATION 1798, COI WAS PEI U 21A. ACCIDENT WAS UNDERLYING	ATED TO T						
194. DATE OF OPERATION 198. COL		WHICH OPERATION	20A.	AUTOPSY? (Yes or No)	208. IF YES, WERE FILL	NDINGS CONSID	ERED
THE CO				No			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY	ho	B. PLACE OF INJURY (e.g., in ome, form, factory, street, off c.)	ar about fice hidge,	21C. WHERE DID INJURY OCCUR?	(If in Battimore	City, give exact lo	ocation)
21D. TIME (Manth) (Day) (Year	(Hour) 21	E. INJURY OCCURRED		21F. HOW DID INJU	IRY OCCUP?		
OF INJURY	W	Vhile At Nat While At Work		211. 110 11 212 1113	oki occor.		
22. I certify that (I) (this hospite	l) ottended	the deceased fromDe	c 2	1	9 66 to April	. 4	19 67
that (I) (we) lost sow the deceas					ot in(my) (our) opini	on deoth occur	red on the dote
ond hour ond from the couses sto	oted obove.	(I) (We) (did) (dld not) vi	iew the	body ofter deoth.		DATE CLOSE	
23A. SIGNATURE	A-A	M.D. Atter	nding 🦳	Med.	Stoff -	3B, DATE SIGNED	
23C. PHYSICIAM'S NAME (Type)	applel	Phys 2	23 D. ADD		Phys.	. 4	der.
SIMMELL STAN	PLETA	/ M.D.		110/160	5174 11	00174	
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C.1	NAME of CEMETERY OF CRE	MATORY	24D. LC	CATION (City,	town, or county)	(Stote)
Burial 3/26/ 25A. DATE REC'D BY HEALTH DEPT.	67 NAME	t. Calvary Cer	ne ter	FUNERAL DIRECTOR	edarHill Mar	yland	RESS
APR 25 1967	P. Den &	JE Farbustin		nald E. G1		-03 Patte	rson Pk.



	BALTIMORE CITY	HEALTH DEPARTMENT		67 4058
BIRTH NO. 67 4058	CERTIFICA	TE OF DEATH	Registered No	1000
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) NO NINSON 11	1/1 Am	2. DATE AN	D HOUR OF DEATH	13 30 AM M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If in:	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, gi HOSPITAL OR address or location) INSTITUTION	ive street	MARYLAND C. CITY OR TOWN (IF OUT	tside city limits, write R	URAL and give township)
THE JOHNS HOPKINS HO	OSPITAL	BALTIMORE D. STREET ADDRESS (IF	rural, give location)	1-00
33		817 N. DALI	LAS ST	
MALE NEGRO WARR	NEVER MARRIED DIVORCED (specify)	2-2-21	9. AGE (In years lost birthday) 46	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF done during most of working life, even it relied)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
BENJAMINE ROBINSON		14. MOTHERS MAIDEN NA	TAYLOR	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS
18.162.14-260 X	CAUSE	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Da		Canan	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) DK	pnctogenic	CARCINON	nA 18 mos.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
ANTECEDENT CAUSES	(B) OR	netto Preumo	wa	(WR.
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)	abetes Mel	litus	2 425.
UNDERLYING CONDITION last.				<u> </u>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? IYes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
O 21 A. ACCIDENT WAS UNDERLYING 21 B.	PLACE OF INJURY (e.g., i e, form, factory, street, a	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?		e City, give exact locotion)
OF INJURY (Month) (Day) (Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(A PPROX.) Whit	e At Not Whi		10	1-1
22. I certify that (I) (this hospital) attended th	e deceased from	9/2/	19to	4/21 1967
that (1) (we) last sow the deceased olive on	7/11/10	2.719ond th	at i (my) (our) opi	non death accurred on the date
and hour and from the couses stated above (1)	(We) (did) (did not)	view the bady after death.		Took DATE SIGNITS
23A, SIGNATURE	M.D. All	ending Med.	Stoff A	23B. DATE SIGNED
23C. PHYSICIANS	// Phy	23D. ADDRESS	Phys.	7/21/6/
C.H.BROWN, 3RD	M.D.		PKINS HOS	PITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY or CR			ty. town, or county) (State)
REMOVAL (Specify) BLASTAL LI-2567 M	+ arlum	Cent 1	Bulton	X
25A. DATE REC'D BY HEALTH DEPT. 125B. NAME O	F REGISTRAR	Swally ben	119nd Par	ADDRESS
VS 150-REV. 1/1/65	5 / O T	1 100)	war you



BIRTH NO.

M.E. CASE NO.

Of autside city limits, write RURAL and give township BALTIMORE, MD. If Under 1 Yr. Months Days 12. CITIZEN OF WHAT COUNTRY? RECORDS_BCH_4940 EASTERN AVENUE, 212 YES

208. AUTOPSY? (Yes or No)
IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact lacation) 19. 6.7 and that in (my) (300) opinion death occurred an the date 23B. DATE SIGNED 4-20-67 AVENUE . BALTIMORE . MD . eceased Was VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

If Under 24 Hrs.

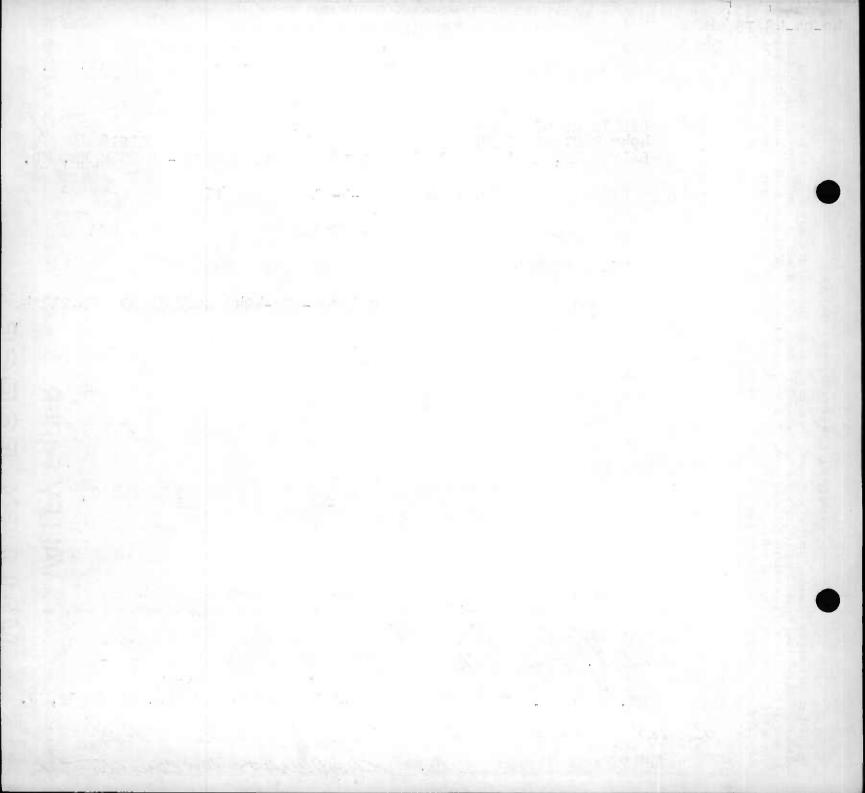
USA

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ONSET AND DEATH

Months

2. DATE AND HOUR OF DEATH



death IMPORTANT FUNERAL DIRECTOR: medical hospital

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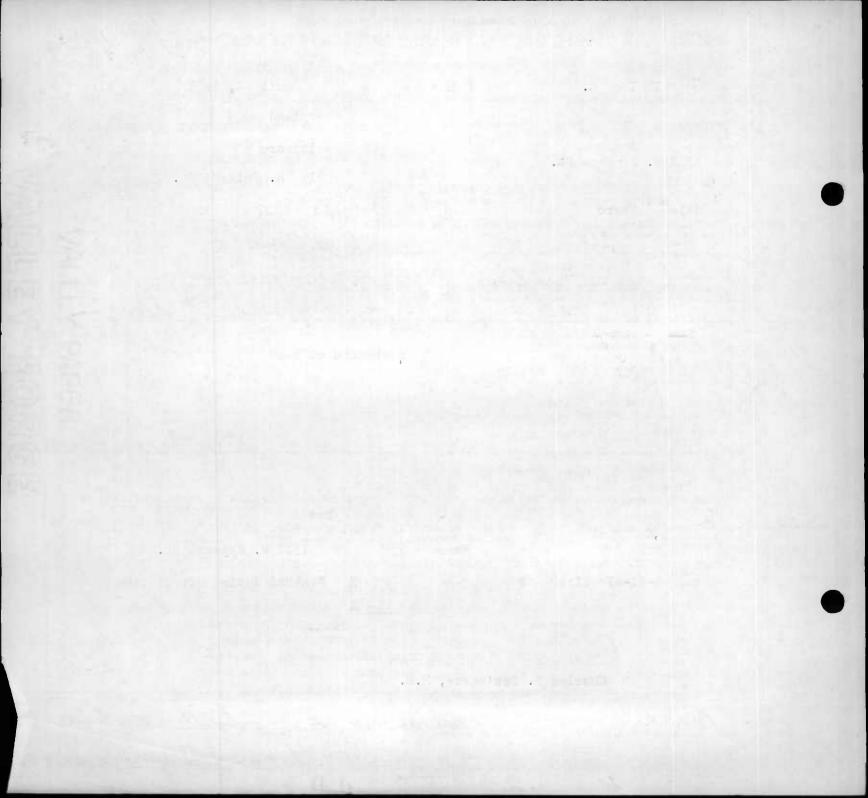
(4) Undetermined cause; (5)

contributing regular

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH of death Deceased ce on the M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type at Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) side city timits, write RURAL and give township INSTITUTION Chauncey prior is made 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE 9. AGE In yeors If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min. deceased tost birthday WIDOWED, DIVORCED (Specify) 3-94 / ACE (Stote or foreign cauntry) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF disposition done during most of working life, even if /etired) WHAT COUNTRY? the 13. FATHER'S NAME attendance on er in U. S. Armed Free (yes, give wor or dojes of service) eased 6. SOCIAL ADDRESS or final SECURITY NO. 213-03-1484 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) regu ANTECEDENT CAUSES DUE TO before the remains are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION last, No physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bidg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notily medical exominer obtained 21 D. TIME 9 (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While F (APPROX.) Wark At Work death); and 22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) lost sow the deceased alive an... 24 19 67 ond that in (my) (our) aplnion death accurred on the date and haur and fram the causes stated abaye, (!) (We) (did) (did not) view the bady after death. must 23 B. DATE SIGNED Md. Gerent Attending | Phys. Med. M.D. approval Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Mary land General Hospital M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) written 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF VERAL DIRECTOR 25 VS 150-REV. 1/1/65

818 Chamisty ST yed Horn total Garmon Long > 700 March 24 87 66 April 18 Many land Council Bergs L.J. R. SEE, Clar.

M-160	BALTIMORE CITY HE BIRTH NO. 67 4061 MEDICAL EXAMINER'S	ALTH DEPARTMENT CERTIFICATE OF DEATH Registered 6.7 4061
_	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	WILLIAM C. MAYBERRY	April 21 1967 . 11.45 P
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission B, COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)
	HOSPITAL OR ADDRESS OR LOCATION)	Baltimore 20-0
	1522 W. Fayette St.	D. STREET ADDRESS (II rurol, give locotion)
	0.0	310 N. Pulaski St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) In the state of the s
	Male Negro 10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUS.	TRYP1. BIRTHELACE (Stote of foreign country) 12. CITIZEN OF
	done during most of working life of an if febried)	South Confunction WHAT COUNTRY?
	13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
	(hewer Mars Berry	Lillie more Holley
	15. WAS DECEASED EVER IN V.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT Mayby ADDRESS
	no	Tillie mue Holles I Same
	18. E 982X CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Stabwound of back
	(This does not meon the mode of dying, e.g., DUE TO	
	injury or complication which coused death.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	Z (C)	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		yes Yes Yes (If in Boltimore City, give exact location)
	UTING CAUSE OF DEATH. Comparison of the control	office bldg. INJURY OCCUR? 1522 W. Fayette St.
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRE	
	OF INJURY (APPROX.) 4-21-67 11:40 P WHILE AT NO WORK	T WHILE X Stabbed during altercation
	22.	Autopsy X and that on this basis, death In my opinion
		ide Homicide X Undetermined manner
	61 1 0 -	CHIEF MEDICAL EXAMINER
	SIGNATURE Clearles) of yet M.	D. ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER 4-22-67
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER	
	REMOVAL (Specify)	Ban Hela & South Countries.
	24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
	ADD of some of	front 1 House Onther Or. A.
	VS 151-REV. 1/1/65 1957 R 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	John & Mon Johny & Chollen
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deceased prior to death), written approval must be

25A. DATE REC'S BY HEALTH DEPT.

VS 150-REV. 1/1/65

				BALTIMORE CI	TY HEALTH	DEPARTMENT		OPS	100	
M.E	H NO. 67.	4062		CERTIFIC	ATE OF		Registered No	67	41157	2
	AME OF DECEAS	Jol	n T.	Finnegan			23. 1967			M
3. P	LACE OF DEATH	IN BALTIMORE, MAI	RYLAND		A. STATE	B. COUN	23, 1967 Fire deceased lived. If in NTY	stitution: residenc	e before o	dmission)
-	FULL NAME OF HOSP(TAL OR NSTITUTION	(If not in hospito(address or location	or institution,)	give street	c. CITY C	Md. OR TOWN (IF au Baltimor	itside city limits, write	RURAL ond give	township)	18
	0 0 520	7 Beaufort	Ave.		D. STREET	ADDRESS (If	rural, give location)		-	Q
	Male	Cau.	WIDOWE	NEVER MARRIED D. DIVORCED (specify) Voiced		15, 1910	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Unde Hours	er 24 Hrs. Min.
		ing (ife, even if retired)		e Business or industrial		timore, Md		12. CITIZEN O	UNTRY?	
13.	FATHER'S NAME			rd Finnegan	14. MOTH	ERS MAIDEN NA	E. Fraunho	ltz		
		er in U. S. Armed Force yes, give wor or dote:	es?	16. SOCIAL SECURITY NO. 212-03-4333	17. INFOR	MANT	innegan,520'	ADDI		•
		OR CONDITION DIR	ECTLY		OF DEATH	myora	deal Japain		AL BETW	
	heart failure, ast	mean the mode of henia, etc. It meons alian which coused	the diseose,	DUE TO.	loup	elerates,	Hear Desco	20	54	als
	DISEASES OR	TECEDENT CAUSES CONDITIONS, if (abave cause (A)) CONDITION last,								
ATION	TO THE DEAT	II ANT CONDITIONS C TH BUT NOT RELA NOTION CAUSING T	TED TO TH	G Carce	rona	7 7-	que	4	wil	il,
RTIFIC	19A. DATE OF OP	ERATION 198. CON	DITION FOR ORMED	WHICH OPERATION	20 A. A	UTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS USES OF DEATH	SIDERED	
CAL CE	21 A. A CCIDENT OR CONTRIBUTIN DEATH (notily me	WAS UNDERLYING CAUSE OF	21 E har etc	k.PLACE OF INJURY (e.g. ne, form, foctory, street,)	, in or obout 2 office b(dg., I	NJURY OCCUR?	(If in Boltimore	e City, give exoc	t locotion)	
MEDI	21 D. TIME (M OF INJURY (APPROX.)	Aonth) (Doy) (Yeor)		INJURY OCCURRED	hile 🗔	PIF. HOW DID IN	JURY OCCUR?			
MEDICAL CERTIFIC	19A. DATE OF OP 21A. A CCIDENT 1 OR CONTRIBUTIN DEATH (notily me 21D. TIME (M OF INJURY (APPROX.) 22. 1 certify tha	WAS UNDERLYING CAUSE OF Cdicol exominer	DITION FOR ORMED 21E har etc (Hour) 21E WY wc	. PLACE OF INJURY (e.g., ne, form, foctory, street,) . INJURY OCCURRED Not Wark At Wo he deceased from	, in or about 2 office b(dg., 1	PIC. WHERE DID NJURY OCCUR?	(If in Boltimore	USES OF DEATH	t locotion)	6.

.....and that in(my) (per) opinian death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did-not) view the body after death. 23A. SIGNATUBE Attending Phys. Med. Director Stoff Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Manuel Levin, M.D. 4818 Reisterstown Road 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)
Burial. 4/26/1 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 4/26/1967 Baltimore, Md. Cathedral Cemetery

250 FUNERAL DIRECTOR ADDRESS BY Vernan Lemman. 4611 Park Heights Ave.

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FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
Written approval must be obtained before the remains are emparimen or inna alsposition is inner.

BALTIMORE CITY HEALTH DEPARTMENT	305102
SIRTH NO. 67. 4063 CERTIFICATE OF DEATH Register	ered No. Pro J. J. C.
M.E. CASE NO. 1, NAME OF DECEASED 2. DATE AND HOUR OF	F DEATH
Type of Print) SADIE C CHETELAT 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE (We're deceased)	67 10 - A M.
A. STATE B. COUNTY	Trees II Hismonolis lesidence belote odinastoni
FULL NAME OF (If not in hospital or institution, give street oddress or locofion) (If not in hospital or institution, give street oddress or locofion) (C. CITY OR TOWN (If outside city lim	its, write RURAL and give township)
Sinai HOSPITAL of BAltimore In D. STREET ADDRESS III TUTOL, give to	MARYLAN DAS
DINAI HOSPITAL OF MAITIMORE IN D. STREET ADDRESS III TUTOI, give to	ights Ave
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In WIDOWED, DIVORGED (specify) lost birthdoy)	
Female Caro WIDOWED, DIVORGED (specify) 9, 1, 92 lost birthdoy)	Atomis Doys Hours
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if retired)	WHAT COOKING
Housewife At Home Baltimore, Md. 3. FATHERS NAME 14. MOTHERS MAIDEN NAME	
William Freamer Minnie Hom	an an
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) No SECURITY NO. 214-20-3097B Hosp. Rec.	RODRESS
18. / / CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
This does not mean the mode of dying, e.g.,	Needer
injury ar camplication which coused death.)	
ANTECEDENT CAUSES (8) DUE TO	TO THE
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost	
rise to the obove couse (A) stating the UNDERLYING CONDITION tost,	Rt.
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	ES, WERE FINDINGS CONSIDERED TYING CAUSES OF DEATH?
WAS PERFORMED IN CERTIF	TING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	n Boltimore City, give exact location)
O	D?
OF INJURY	N:
(APPROX.)	
22. I certify that (I) (this haspital) attended the deceased from 19/91) to	Mrse V4 1967
that (I) (we) last sow the deceased alive on Mrs. 249 67 and that in (my)	
and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.	
23A. SIGNATURE	238. DATE SIGNED
	4-24-67
Milhan 6 Medle Phys. Director Phys.	7 6/
23C. PHYSICIAN'S NAME (Type)	1 12 /()
NATHAN E. NEEDLI- M.D. 6506-Park to	to to low pals Lo
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION	(City, town, of county) (Stotel
	imore, Md.
25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C FUNERAL DIRECTOR	THOLE MO -
A DISTANCE AND A SECOND ASSESSMENT OF THE PROPERTY OF THE PROP	ADDRESS
ADD BA WELL OF DE STANDED TO BETTER XEMMEN	4611 Park Heights Ave.
VS 150-REV. 1/1/65	ADDRESS

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IMPORTAN FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT RTIFICATE OF DEATH IRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH HFNSON 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A, STATE / B, COUNTY (If outside city limits, write RURAL and give township If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? HAMMOND INTERVAL BETWEEN ONSET AND DEATH 4 months 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 22. I certify that (I) (this together) attended the deceased from Devember 29 19 66 to April 21 ond that in (my) (MOE) opinion death occurred on the date 23B. DATE SIGNED April 24, 1967 Baltimore, Md. 21202 25B NAME OF REGISTRAR 125C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

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O.	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased, was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death). Such the capital mans to the capital deceased prior to death. Such the regular attendance on the deceased prior to death. Such this capital hospital hospit
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	de on ath.
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FUNERAL DIRECTOR: IMPORTANT	mine	ho pregula
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	nis cer	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undefermined caus, was D.O.A. at a hospital (except where the physician who pronounced death was in regular atterdance on the death), and (6) No physician was in regular attendance on the deceased prior the death).
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BIRTH NO. 67 4065		CERTIFICA	TE OF DEATH	Registered Na.	67 4	Ubb
N.E. CASE NO.				HOUR OF DEATH		
Type of Print) Charles Edward	rd Dobs	on	Apı	ril 23, 19	67 5:	42 A
3. PLACE OF DEATH IN BALTIMORE, MAR	RYLAND		4. USUAL RESIDENCE (Where		institution; residence	before odmissi
FULL NAME OF (If not in hospital a	or institution, o	live street	Ga.			
HOSPITAL OR oddress or location) INSTITUTION)			de city limits, write	RURAL and give to	waship)
US Public Health Serv	ice Hos	pital	Savannah		1/-	24
Wyman Pk. Drive & 31s		-	D. STREET ADDRESS (If ro 31s	rol, give locotion) St Street		/
		NEVER MARRIED , DIVORCED (specify)	la la	AGE (In years	If Under 1 Yr. Manths: Doys	If Under 24 I Hours Min
M Col	Wido	wer	3/25/10	57		
OA, USUAL OCCUPATION (Give kind of work fone during most of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY		•	12. CITIZEN OF WHAT COL	NTRY?
Wiper	S	eafarer	Ga. Java	MAINE		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E		1
Charles Dobson			Mattie Lloyd			
5. Was Deceased Ever in U. S. Armed Forc		1 6. SOCIAL	17. INFORMANT		ADDRI	
(es,no or unknown) (II yes, give was or dotes	s of service)	security No. 067-03-7580	Records_ US 1	PHS Hospit	al, Balto,	Md.
18. 150 X I		CAUSE O	DEATH			AL BETWEEN AND DEATH
DISEASE OR CONDITION DIRI LEADING TO DEATH	ECTLY	Acu	ite passive conge	stion	Day	ys
(This daes not mean the made of heart failure, asthenia, etc. It means		DUE TO			,	
injuly at camplication which caused	death.)					
	death.)	(B)				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a	any, giving					
injuly all camplication which caused ANTECEDENT CAUSES	any, giving					
injury at camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a lise to the above cause (A) UNDERLYING CONDITION lost.	any, giving					
injuly at camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a lise to the above cause (A) UNDERLYING CONDITION lost.	any, giving stating the	(c)				
Injury at camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a lise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION TRELATED DISEASE OR CONDITION CAUSING IT	any, giving stating the ONTRIBUTING TO THE TO THE TO.	(c)		PAGUS 208. IF YES, WERE IN CERTIFYING C	Mon	ths
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a use to the abave cause (A) UNDERLYING CONDITION Iost. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATIONS TO THE DEATH BUT NOT RELATIONS OF CONTO TO THE DEATH BUT NOT RELATIONS OF CONTO THE DEATH OF THE CONTO TH	ONTRIBUTING TED TO THE T. DITION FOR V	Car Car CHICH OPERATION PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No) yes	20B. IF YES, WERE IN CERTIFYING C	Mon	ths DERED
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25C. FUNERAL DIRECTOR

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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 6.7	4067
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RE	Burial A. DATE REC'D BY HEALT APR 2	4-26-67 H DEPT. 248, NAA 5 1967 R.C.	ME OF REGISTRAR	Maita		ADDRESS 578 W eurly Biddle St
RE						ADDRESS 578 W
	Burial	4-20-07	CSTACT WORT			THE CO. S
23/	MOVAL (Specify)		Carver Mem		Laurel	Md.
	ACTUAL SIGNATURE	WERNER U. SPI	Accident Suici	de Hamicide CHIEF MEDI D, ASSISTANT MEDI ASSOCIATE MEDI	Undetermined man	
	22. I certify that I	Hed an Inquiry	Inspection X A	utapsy and the	at an this basis, death in	my apinian
	(APPROX.)	m	WHILE AT NOT	WHILE		
MED	UTING CAUSE OF DEA		21E. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
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	18.4221	1	CAUS	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
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don	LUSUAL OCCUPATION (G le during most of working life, Housefife FATHER'S NAME		OF BUSINESS OR INDUST	Baltimor	e	12. CITIZEN OF WHAT COUNTRY? U. S. A
	Female Cold	ored M	o, DIVORCED (specify) arried		9. AGE (In year lost birthdoy) 58	
5. 5	SEX 6. RACE		ED, NEVER MARRIED	B, DATE OF BIRTH	Street, Baltim	
	2132 VINE STE	REET - Amb. C:	rew #8		(If rurol, give location)	2020
HC	LL NAME OF (IF NO	T IN HOSPITAL OR INST ESS OR LOCATION)	TITUTION, GIVE STREET	Maryland c. city or town		rite RURAL and give township)
3. 1	PLACE IN BALTIMORE, M	REBECCA ARYLAND, WHERE PRON		4. USUAL RESIDENC	4-21-67 E(Where deceosed lived, If in	11:50 AM M. astitution: residence before odmission
	NAME OF DECEASED pe or Print)				ATE AND HOUR PRONOUN	
1. (Tv						

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FUNERAL DIRECTOR: IMPORTANT	-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	-1
deceased prior to death): and (6) No physician was in regular attendance on the deceased prior to death. Such	

ALK !	H NO. 67	4068		TE OF DEATH	Registered Na.	67 4068
	CASE NO.	3000	CERTIFICA	TE OF DEATH	D HOUR OF DEATH	
Тур	pe or Print)	EARL	CLARK	4-23	3-67	11:30 A.
3. P	PLACE OF DEATH IN	BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution: residence before admis
	FULL NAME OF		institution, give street	VIRGINIA		
11	HOSPITAL OR C	address ar lacotion)	NS HOSPITAL	APPALACHIA	side city limits, write	RURAL and give tawnship)
	BALTIMO	RE, MD 2	1205		rurol, give location)	7-70
-	3 3	, , , , ,	120)	BOX 292		
5. S		E 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost binhdoy)	If Under 1 Yr. If Under 24 Months Doys Haurs Mi
IOA.			OB. KIND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME			14. MOTHER'S MAIDEN NA	A F	
	JAMES STU	RGILL		MARGARET BA		
5. 1	Was Deceased Ever in	U. S. Armed Force	1 6. SOCIAL	17. INFORMANT	TITIES	ADDRESS
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heart failure, asthenia, etc. It means the disease.						
	injury or complication which coused death.)			92ND		reaco
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MEDICAL CERTIFIC	or inselled the above UNDERLYING CONDITION THE DEATH DISEASE OR CONDITION THE DEATH OR CONTRIBUTING DEATH (notify medical person) 21D. TIME (Month OF INJURY (APPROX.) 22. I certify that the that the (we) last selection of the control of the con	CONDITIONS COBUT NOT RELATION CAUSING IT. S UNDERLYING CAUSE OF C	INTRIBUTING ED TO THE ITION FOR WHICH OPERATION RIMED LACCAT 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Not Whil Work attended the deceased from	20A. AUTOPSY? (Yes or No Les n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
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BIRTH	710. 4069	MEDICAL EX	KAMINER'S CI	ERTIFICAT	E OF DEATH Regis	rered No. 4959
_	CASE NO.	e i				
Type	ME OF DECEASED		TP.		2. DATE AND HOUR PRONOUN	
		JOHN	F. O'BRIEN		4-23-67	7:44 PM M.
		MARYLAND, WHERE PRONO		A. STATE Maryland	В. СС	stitution: residence before odmission)
HOSPI	TAL OR ADD	OT IN HOSPITAL OR INSTITU PRESS OR LOCATION)	UTION, GIVE STREET		N (If outside corporate limits, w	rite RURAL and give township)
INSTIT	UTION			Baltimo	ra	53-00
7	ST. AGNE	S HOSPITAL - DO.	A		SS (If rurol, give location)	7
9	9					1227
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In year lost birthdoy)	Months Doys Hours Min.
Ma	le Wh	ite Wido		Hoarl 9 1	885 82	
		(Give kind of work 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or foreign country)	12. CITIZEN OF
	uring most of working life	4		Englar		WHAT COUNTRY?
	THER'S NAME	+PTR+10N	iney Fig.	14. MOTHER'S MA	IDEN NAME	H 3 11
4	A	m, B-		M	A	7
15 34/	WILLIAM W	IN U.S. ARMED FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS
		give wor or dotes of service)	SECURITY NO.	T. INTORNIANT		ADDRESS
			036-10-8775	FloRence	@14Ey, 5810	HERON DRIVE
18	44 =	/ .	CAUSE	OF DEATH	71	INTERVAL BETWEEN
	DISEASE OF C	ONDITION DIRECTLY				ONSET AND DEATH
	LEADIN	NG TO DEATH	(A) Hyper	tensive and	d arteriosclerot	ic
	(This does not mean heart foilure, asthenia	the mode of dying, e.g., , etc. It meons the disease,	XXXX	CCIMIL.V.CMA	5450 & 36 b. A. B. S.	
	injury or complication	which coused deoth.)	cardi	ovascular	disease	
	ANTECEL	DENT CAUSES				
	DISEASES OR CON	DITIONS, IF ANY, GIVING	DUE TO	V~~ 000 V~ 00 0 ~ 000 00 00 00 00 00 00 00 00 00		
	UNDERLYING CON	E CAUSE (A) STATING THE				
Z			(C)			
CERTIFICATION						
3		CONDITIONS CONTRIBUTE BUT NOT RELATED TO 1				
프	DISEASE OR CONDI					· · · · · · · · · · · · · · · · · · ·
19	A. DATE OF OPERAT	ION 198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE	
0	2	WAS PERFORMED		No	IN CERTIFYING CA	USES OF DEATH?
	A, EXTERNAL CAUSE		PLACE OF INJURY (e.g.,	in or obout 21C. Wh	HERE DID (If in Boltimore City,	give exoct location)
	NDERLYING OR COT		e, form, foctory, street, o	mice blag., INJURT	OCCUR?	
	D TIME (Month)	(Doy) (Yeor) (Hour)	21E, INJURY OCCURRED	215 HO	W DID INJURY OCCUR?	
01	FINJURY				W DID INJURI OCCUR:	
	(PPROX.)		WHILE AT NOT	ORK		
22		I held an Inquiry	Inspection X Aut	opsy and	that on this basis, death in	my apinion
		CHIET				
	resulted from	n: Natural causes X	Accident Suicid	_		ner
	ACTUAL	120/16	7		DICAL EXAMINER X	DATE SIGNED
	SIGNATURE	OF TO-whe	M.D.	ASSISTANT ME	DICAL EXAMINER	
	EXAMINER'S			ASSOCIATE ME	DICAL EXAMINER	4-24-67
	NAME (Type)	RUSSELL S. FIS				
	BURIAL CREMATION, OVAL (Specify)		C. NAME of CEMETERY O		23D. LOCATION (C	ty, town, or county) (Stote)
			Mt. St. Mary's		Dansterrales	+ Phodo Teland
24A. I	Burial DATE REC'D BY HEAD	4/26/67 LTH DEPT. 248, NAME	Pawtucket Rh	ode Island	L DIRECTOR	t, Rhode Island
	APR 25	1967 0 6 2	. Falley M. M.			07 Wilkens Aye.

VS 151-REV. 1/1/65 9670004077

WAY - ATALOTEC STREET, ATE · 医现象 全位的工作器 - 「世面公公司」 市上台5m5-

11-11	RTH NO. 67-68104 4070		TE OF DEATH	Registered Na	67 4070
1,1	LE CASE NO. NAME OF DECEASED (Pe OI Print) WOOLFENDEN B	ABY GIRL B	2. DATE AND APRIL	HOUR OF DEATH 21, 1967	3:20P.
3,	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived, ff in:	stitution; residence before admission)
	FULL NAME OF (If not in hospital or institution) (If not in hospital or institution) (NSTITUTION)		MARYLAND C. CITY OF TOWN (If outs) BALTIMORE. M		RURAL ond give township)
	40 ST. AGNES HO	SPITAL	D. STREET ADDRESS (If ru	rol, give location)	21227
	FEMALE 6. RACE WHITE 7. MAR	RIED, NEVER MARRIED (Specify)	4-21-67	. AGE (In years ost birthday)	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if retired) NEW BORN	D OF BUSINESS OR INDUSTRY	BALTIMORE, MA	RYNAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	ROBERT B. WOOLFENDEN		DARRELL LYNN		
15. (Ye	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of serv	rice) 1 6. SOCIAL SECURITY NO.	ST. AGNES HOS	PITAL REC	ADDRESS ORDS 21229
	18. 7 7 6 X I	CAUSE C	OF DEATH	11111	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Immalivrity - 5 mg-				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does naf meon the made of dying, e.g., hearf failure, asthenio, etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, g rise fa the abave cause (A) stating UNDERLYING CONDITION last.	DUE TO			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		1		
ERTIFICA			20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?				
MEDI	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED While At Not Whi Work At Work		RY OCCUR?	
	22. I certify that (X (this hospital) attend	ADDII 21	67	67 ta AP	RIL 21 19 67,
	and haur and from the causes stated aba	ve. M) (We) (did) (XXXX)			
	23A. SIGNATURE OUGOL	AAD AH	ending Med. S	itall ser	23B. DATE SIGNED
	23C. PHYSICIAN'S		Stoff Phys.	04/21/67	
	HUMBERTO HERNANDE	Z, N.D. M.D.		ALTO.,MD. ITAL-CATO	
24		4C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Ci	ty, town, or county) (State)
	Buria1 4/24/67	Loudon Park Co		Ltimore, Ma	
25	APR 25 1967	A E Failure	25C. FUNERAL DIRECTOR Howard H. Hul	bbard 4107	Wilkens Ave. 2122
VS	150-REV. 1/1/65	1	0 4 0 7 8		

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THE LANE DISTRICT

HAR TON STILL SINEY 3 00 , Cm

VLTI WEE, WARNAME W.S.F.

ROTEROL . S THEFOR

T. ANIES WEPLING REMORE

LULESTATE PERSONNERS, M.U. V. LOST. BOTST BOTSTAND-1-1-TON 5 1 LUCEUS

so we Research to the state of the season of the

25B. NAME OF REGISTRAR

BABY GIRL

107-08103

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

APR 25 196

VS 150-REV. 1/1/65

BIRTH NO.

M.E. CASE NO.

I. NAME OF DECEASED (Type or Print)

IMPORTANT FUNERAL DIRECTOR: the body was released to the hospital by eceased D.0 shows: Was

and

of death Deceased Such

uo

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na APRIL 21, 1967 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY A. STATE MARYLAND (If outside city limits, write RURAL and give township) 21227 If Under 1 Yr. If Un Months: Days Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS ST. AGNES HOSPITAL RECOR**B**S 21229 INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in (m) (our) apinian death accurred an the date 23 B. DATE SIGNED 04/21/67 BALTO., MD. 21229 HOSPITAL-CATON & WILKENS Loudon Park Cemetery Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS oward H. Hubbard 4107 Wilkens Ave. 21229

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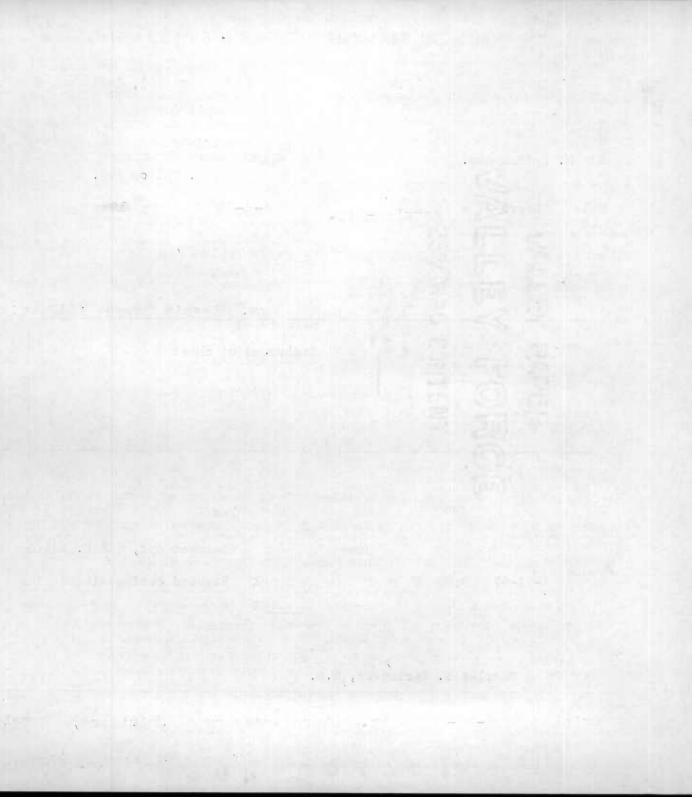
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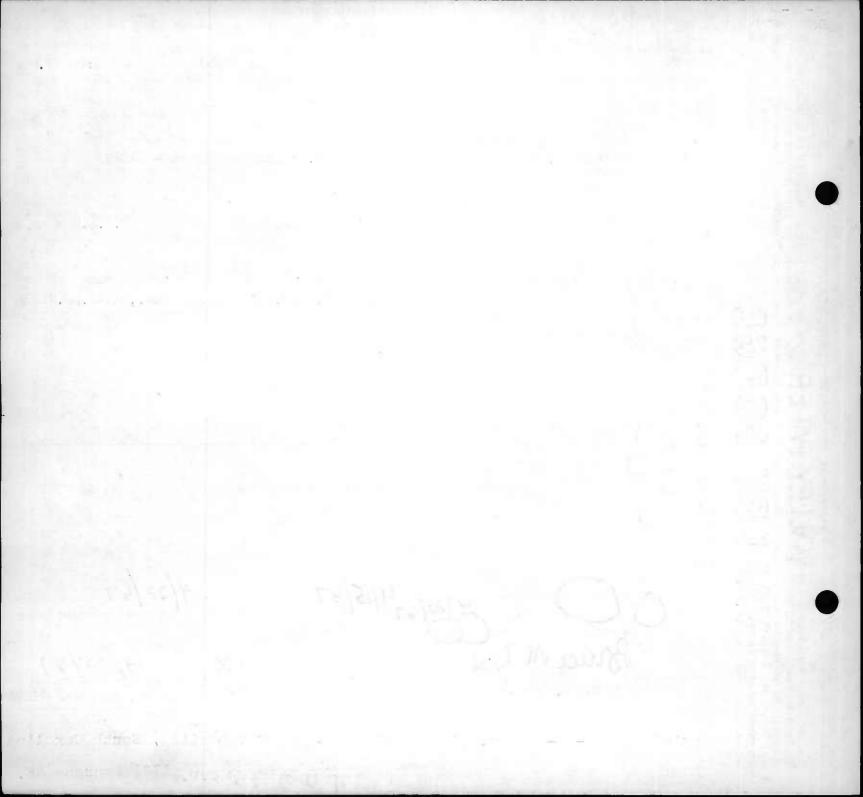
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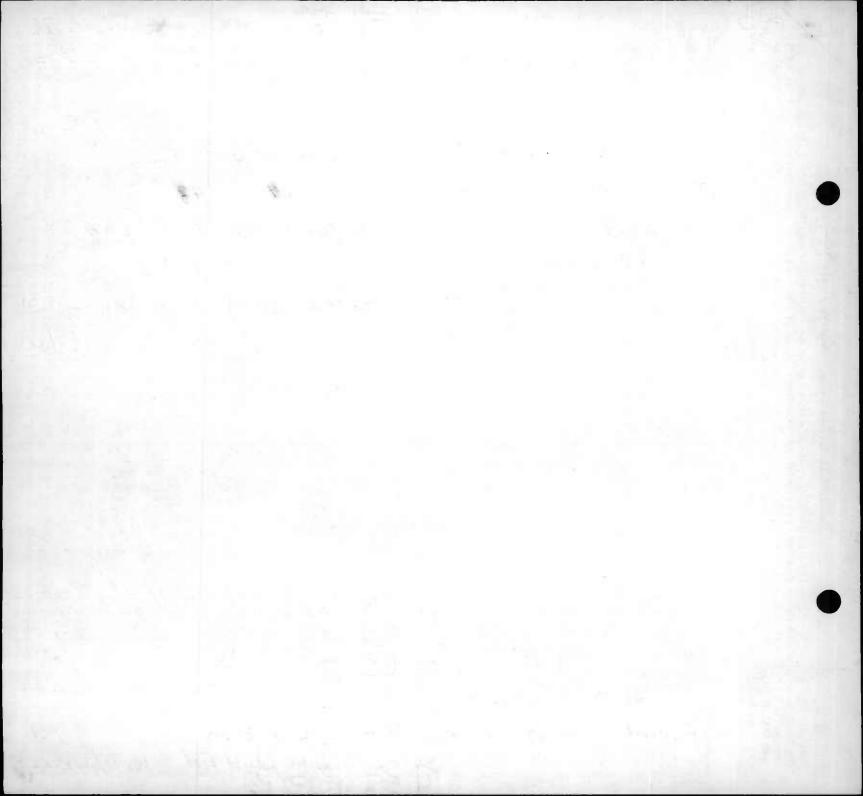
Central L. Eller II Saffell Safe A

1. NAME OF DECEASED			2. DATE AND HOUR PRONOUNCED DEA	AD
(Type or Print) WINFORD DVER	(DYKE)		April 21, 1967	9:45 P _M .
3. PLACE IN BALTIMORE, MARYLAND, WI			ENCE (Where deceased lived. If institution: B. COUNTY B. COUNTY	residence before admission)
FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA INSTITUTION	AL OR INSTITUTION, GIVE STREET TON)	C. CITY OR TOWN (If outside corporate limits, wate RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)		
836 N. Fulton Ave.				
00		- /	N. Fulton Ave.	
Male Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Married-Sep.	4-6-19	28 lost birthdoyl Mon	nder i Yr. If Under 24 Hrs. ths Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	State or foreign country) 12. C	ITIZEN OF HAT COUNTRY?
LABORER 3. FATHER'S NAME		GREENVI	LLE NORTH CAROLIN	IA U.S.A.
UNK.			TE LYNCH ADD	DECC
15. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown (If yes, give wor or dote:		17. INFORMANT		
		Mrs. Cl	estia Adams 4010	Fairfax Rd.
18.) 9801X	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIS LEADING TO DEATH	SE	abwound of	chest	
(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused of	dying, e.g., DUE TO the discose. deoth.)			
ANTECEDENT CAUSES	,			
DISEASES OR CONDITIONS, IF A	NY, GIVING (B)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
UNDERLYING CONDITION LAST.	IC)			
OTHER SIGNIFICANT CONDITIONS	\\	<u>V.</u> ,		
TO THE DEATH BUT NOT REL	ATED TO THE		A	
19A. DATE OF OPERATION 19B. CON WAS PERF		Yes	(Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	
₹ 21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB-	21B, PLACE OF INJURY (e.g.	, in or about 21C. W	/HERE DID (If in Boltimore City, give exo	ct location)
UTING CAUSE OF DEATH.	Home	Bas	sement Apt, 836 N. Ful	ton Ave. 16-04
21D TIME (Month) (Doy) (Year		21F. HC	OW DID INJURY OCCUR?	
(APPROX.) 4-21-67 9:0	OO P WHILE AT NOT	WHILE X St	abbed during altercat	ion
22. I certify that I held on I	nquiry Inspection A	utapsy X and	d that on this basis, death in my opi	nion
resulted from: Notural cau	uses Accident Suici	de Homici		
1071111	1 - 0	CHIEF MI	EDICAL EXAMINER	DATE SIGNED
SIGNATURE MANUS	J. Je gal M.	D. ASSISTANT MI	EDICAL EXAMINER X	
	S. Springate, M.D.	ASSOCIATE M	EDICAL EXAMINER	4-22-67
1.77	23C. NAME of CEMETERY	- CREAL ATORY	23D. LOCATION (City, town,	or county) (State)
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23C. NAME OF CEMETER	of CREMATORI	235. EOCAHON (Ony, lown,	or county) (Store)





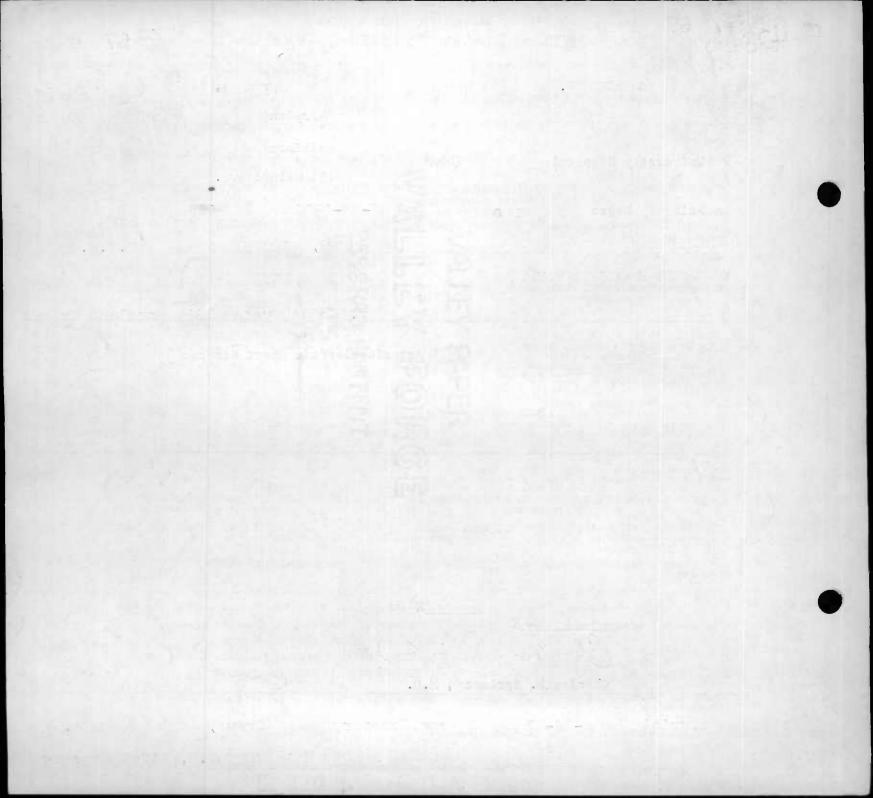
2		on Aona	BALTIMORE CITY	HEALTH DEPARTMENT		ST AOMA				
		H NO. 67 4074	CERTIFICA	TE OF DEATH	Registered No.	01 41)/4				
	1, N	AME OF DECEASED or Print) YOUNG, HORT	THE F		22 167	9- D				
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	ENJC Z.	4. USUAL RESIDENCE (When	re deceased lived. If institution:	residence before odmission)				
	F	ULL NAME OF (If not in hospitol or institut	inn nive street	A. STATE B. COUN	TY					
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION				side city limits, write RURAL of	and give township)				
		79		BQLTO. D. STREET ADDRESS (IF	rurol, give location)	13-000				
		38 UNIVERSIT	9 20171129		ruce it					
mad	5. \$	EX 6. RACE 7. MARE WIDO	WED, DIVORCED (specify)	B. DATE OF BIRTH 4/28/24.	9. AGE (In years If Unit Month	der I Yr. If Under 24 Hrs. S Doys Hours Min.				
n is		USUAL OCCUPATION (Give kind of work 10 B. KIN [during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12. Cl	TIZEN OF HAT COUNTRY?				
disposition	0	ivemployed		boltimore, 1	Yary/and	U.S. A.				
pos	13. F	FATHERS/NAME/	10/11/6	14. MOTHER'S MAIDEN NAM	SIE YOUNG					
dis	15 V	ARTHUR Y	1 6. SOCIAL	17. INFORMANT	ore yours	ADDRESS				
final	(Yes	, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.			7 - 51				
		18. / / 9 / \	15-77- //		ng 700 N.	INTERVAL BETWEEN				
ed or		DISEASE OR CONDITION DIRECTLY		.14. 402.4	VIET O CAT'S	ONSET AND DEATH				
me		(This does not mean the made of dying,	e.g., DUE TO	MTOCALDINE	INTARCTION	1/2 Four				
palm		heort failure, asthenia, etc. Il meons the dise injury or complication which coused death.)		0 107.150.00	e, = DOLLY NEAD	-				
e B		ANTECEDENT CAUSES	CLERONIS HEAR	***************************************						
are		DISEASES OR CONDITIONS, if ony, girise to the above couse (A) stoting								
		UNDERLYING CONDITION lost.	(6)							
remains	z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			1				
	ATIC	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE							
the	RTIFIC	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSES OF	S CONSIDERED F DEATH?				
ore	S	21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g., i	n or obey 21C. WHERE DID	(If in Boltimore City, s	ive exoct locotion)				
bef	CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ince bidg., INJURY OCCUR?						
pe	ED	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	AME				
ain	2	(APPROX.)	While At . Not While At Work	<u> </u>	11/	22				
opt	1 1	22. I certify that (I) (this hospital) attended the deceased from 7/19 196) to 1967,								
þe	1 1	that (I) (we) last sow the deceased alive			ot in (my (our) opinion de	ath occurred an the dote				
must	I L	and hour and from the couses stoted obov	e. (I) (we) (did /(did nat) (new the bady after death.	23B, D	ATE SIGNED				
		//wpax	M.D. Atte		Staff Phys.	1/22/67				
000		23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	1: UZQ SITY	4/0170150				
approval	244		LUPPIL M.D.	On		70007777				
	24A.	BURIAL CREMATION, 24B. DATE 241	C. NAME OF CEMETERY OF CRI	(1.V)	OCATION (City, town,	or county) (Stote)				
written	25A.	DURIAL H-27-61 DATE AREA BY HEALTH DEPT. 258, NAV	HIBUTUS /TE	125C, FUNERAL DIRECTOR	butus,	ADDRESS				
*		APR 20 1957 Robert	E. Falley M. R.	MoRton & Do	sett Fitt 14	101 LAURONS S				
	VS 1	150-REV. 1/1/65	4711	0 4 0 0 0	5					



F-42 BIRTH NO. BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4075

BIRTH NO.	MIEL	ICAL EXA	MIIIAEK 2 CE	KIIIICA	LOIL	CA III Kegisie	0.0	2	010
M.E CASE NO.						/			
1. NAME OF DI		TO	ZII IZNO			HOUR PRONOUNC		7.50	
	CHARLES F.		WLKES	II		1 21, 1967		7:50	P _M .
	LTIMORE, MARYLAND, V			A. STATE Ma	ryland	deceased lived. If inst 8. COL	INTY Ball	to Co	1
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTITUTION ATION)	N, GIVE STREET		VN (If outside timore	corporate limits, write	-	give towns	hip)
Univer	sity Hospital		(DØA)	D. STREET ADDE	RESS (If rurol,		0.5	00	
5. SEX	6. RACE	7. MARRIED, NEV	CD AAADDICD	B. DATE OF BIRTI	Walnut	9. AGE (In years	If Under 1	V. It Had	24 H
Male	Negro	WIDOWED, DIVO	RCED (specify)	5-24-18		lost birthday)	Months Do	ys Hours	Min.
done during most o	CUPATION (Give kind of war working life, even if retired)	rk TOR KIND OF BU	SINESS OR INDUSTRY					COUNTRY?	
RETIRE				CREWE,	VIRGI	NIA	U.S	A.	
				14. MOTHER'S M	AIDEN NAME				
	HODGE FOWI				OWLKES				
15. WAS DECEA: (Yes, no or unknow	SED EVER IN U.S. ARM E	tes of service)	SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
				Mr. Hod	ne Dire	on 1619	Morela	nd A	
18. //	0.0		CAUSE	OF DEATH	qc Dyn	011 1015	IN	TERVAL B	ETWEEN
DISE	ACE OR COMPUTION O	MARGELY		100			0	NSET AND	DEATH
DISE	ASE OR CONDITION DEAT	H	Arter	iosclerot	ic hear	t disease			
(This does	not mean the mode of te, asthenia, etc. It mean complication which coused	of dying, e.g.,	DUE TO	••••					
injury or c	omplication which coused	deoth.)							
	ANTECEDENT - CAUS	E¢							
DISEASES	OR CONDITIONS, IF		(8) DUE TO						
RISE TO T	HE ABOVE CAUSE (A)	STATING THE	201 10						
	ING CONDITION LAST	•	(C)						,=,,======
일									
OTHER SI	GNIFICANT CONDITION								
TO THE	DEATH BUT NOT R OR CONDITION CAUSIN								
—	F OPERATION 198. CO		CH OPERATION	20A. AUTOPSY		208, IF YES, WERE FI			
A 21 A. EXTERN	AL CAUSE WAS	218 PLA	CE OF INJURY (e.g.,			If in Boltimore City, gi	ve exact local	tion)	
UNDERLYING	OR CONTRIB-	home, for	rm, factory, street, o	ffice bldg., INJURY	OCCUR?	= 511111010 - 5117, g.			
ZID IIIVIE	(Month) (Day) (Ye	or) (Hour) 21E. I	NJURY OCCURRED	21 F. H	DENI DID WC	RY OCCUR?			
(APPROX.)		m. WHIL	E AT NOT AT W	ORK					
	ertify that I held an	_	spection X Aut	apsy and	d that an thi	s basis, death in r	ny apinian		
res	ulted fram: <u>Natural c</u>	auses X Acci	dent Sulcide	e Hamicl	de U	Indetermined mann	er		
	11	1	1 ~ 0	CHIEF M	EDICAL EX	AMINER		DATE SI	CNED
SIGNA		Ke . d	a gar MD.	ASSISTANT M	EDICAL EX	AMINER X		DATE SI	SHED
EXAM	NER'S	S. Springa	1	ASSOCIATE M			4	-22-67	7
23A. BURIAL CI	REMATION, 238. DATE		AME OF CEMETERY O	CREMATORY	23 D. LC	CATION (City	, town, or cou	nty)	(Stote)
Buria	4-24	-67 Ja	ackson Cem	eterv	C	revie		172	
	D BY HEALTH DEPT.	24B, NAME OF	REGISTRAR	24C. FUNER	AL DIRECTOR		ADI	DRESS	
	APR 25 1967	10,00	J. O. M.S.	MORTO	N & DY	ETT F.H.	1701	Laure	ens

V\$ 151-REV. 1/1/65 9 6 7 0 2 0 4 0 8 3



Ö

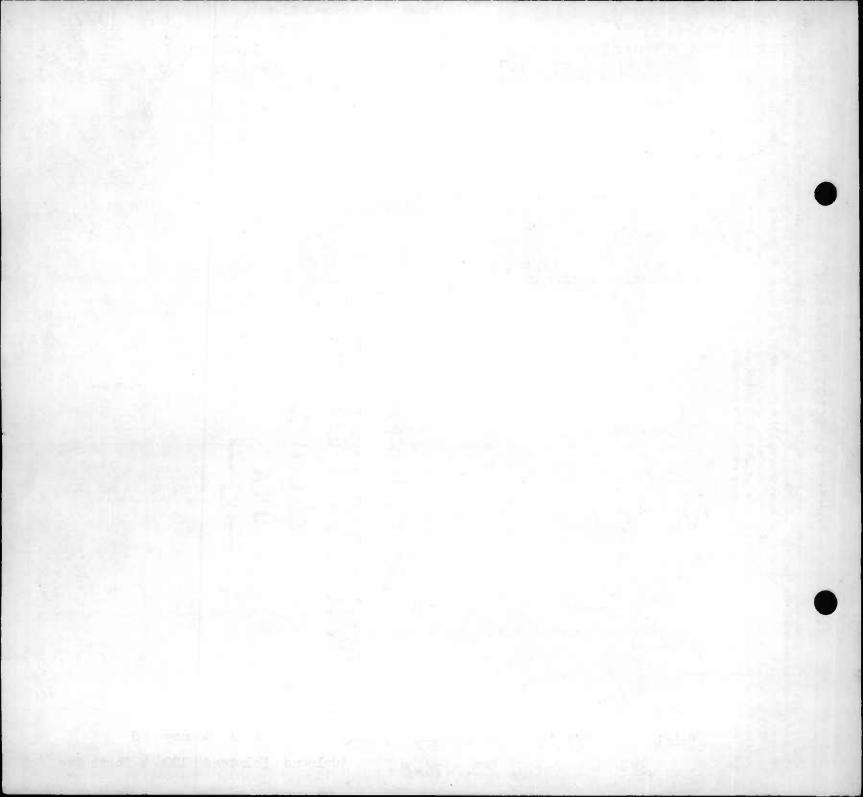
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATO
B. COUNTY (If outside city limits, write RURAL and give township) If Under 24 Hrs. If Under 1 Yr. Manths Days Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in (my) (aur) apinian death occurred on the dote 23B. DATE SIGNED

HOSPITAL (City, lawn, ar county) FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS VS 150-REV. 1/1/65

7-12-1879 68 CDaller

Buriss 4-28-67 Carven Mensural Burel Md

43~9 AOPP				67R 447405
M.E. CASE NO.	CERTIFICA	TE OF DEATH	1 0	0010
(Type or Print) GRIMES, Peta	Paul	2. DATE A	NO HOUR OF DEATH	67 8-15
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	7550	4. USUAL RESIDENCE (Wh	ere deceosed lived. It is	nstitution; residence before admission
FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or location)	give street	MD c. CITY OR TOWN (If o	outside city limits write	RURAL and give township)
INSTITUTION	G0	Baltimore		17-01
38 Univerity Hospi	14	0.3	of rurol, give locotion)	allenne
WIDOWE	D, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTM	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hr. Months Qoys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND C done during most of working lile, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Radio Regain		Terf	as	U.S.
William Grimes		14. MOTHER'S MAIDEN NA	AME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)((If yes, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
tres, no or unknown/itt yes, give wor or unles of service	SECURITY NO.	Midical	Relord	
18.930 XI	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Rus	time of cerebral	Ementys	n 4/20/67 4> 4/2>1
(This does not mean the made of dying, e.g. heart failure, asthenia, etc. It means the disease	, DUE TO			?
injury ar complication which caused death.)	2/5	Rule-sion. 81	rentral	47/1/29 (-)
DISEASES OR CONDITIONS, if any, giving	DUE TO			
rise to the abave cause (A) stating the UNDERLYING CONDITION last.				
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
U 21 A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(II in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF ho DEATH (notily medical examiner)	me, lorm, foctory, street, of	fice bldg., INJURY OCCUR?		, , , , , , , , , , , , , , , , , , ,
W OF INTUING	E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
≥ _(ABBBOV)	hile At Not While ork At Work	e 🗆	/ 1	
22. I certify that (I) (this hospital) attended	the deceased fram	ml4,	19 67 to AP	nst 23 1967
that (I) (we) lost sow the deceased alive an	L. House	/		inian deoth occurred an the do
ond hour and fram the causes stated obave. 23A. SIGNATURY	(I) (We) (did) (did not) v	iew the bady after death	•	23B, DATE SIGNED
yourful Moor	7 M.D. Atte	ending Med.	Stoff Phys.	April 23 1767
23C. PHYSICIAN'S NAME (Type) Youngsik		Umversity 6	405piral, 1	Baltimore, MO
24A. BURIAL CREMATION, 248. DATE 24C. N REMOVAL (Specify)	AME of CEMETERY or CRE	MATORY 24D.	LOCATION (C	City, town, or county) (State)
Buria 3 1/30/67 MB	Calvary Cen	netry	A A County	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAK	Adolphus H	alstead 120	O6 W North Ave
VS 150-REV. 1/1/65	E ALCONOMIA	4 9 8 5		



in regular attendance on the

death

(except where the physician who pronounced

at a hospital

was D.O.A.

VS 150-REV. 1/1/65

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind;

the body was released to the hospital by a medical examiner.

				BALTIMORE CITY	HEALTH D	EPARTMENT		OP AME
BIRTH NO.	67	4078	3	CERTIFICA	TE OF	DEATH	Registered No.	67 4078
	F DECEASED	Laura	Jackso	n		2. DATE AN	1 22, 1967	
3. PLACE	OF DEATH IN BA	LTIMORE, MA	RYLAND		A. STATE	RESIDENCE (Whe		nstitution: residence before od
FULL N. HOSPITA	L OR odd	not in hospitol ress or location	or institution, give	street	c. city or	TOWN (If ou	tside city limits, write	RURAL and give township)
163	. 50	Ave			D. STREET		rurol, give location)	15
00					163			
5. SEX	6. RACE		7. MARRIED, NE WIDOWED, D WIDOWE	VER MARRIED LYORCED (specify) CL	B. DATE OF		9. AGE drs	If Under 1 Yr. If Under Months Doys Hours
dona Huring	most of working life,	ive kind of work even it retired)	10B. KIND OF BU	SINESS OR INDUSTRY	Maryla		ign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER	lphus ##	*#####	10		14. MOTHE	R'S MAIDEN NA	ME ?	
	ceosed Ever in U			SOCIAL	17. INFORM	ANT	-	ADDRESS
(Yes, no or u	nknown) (If yes, gi	ve war ar date	s of service)	SECURITY NO.	Mr C	nesly	same	
1B	2011	17-4	FXIX	CAUSE	F DEATH			INTERVAL BETWE
	DISEASE OR CONDITION DIRECTLY			/3			1	24.36 h
heorl	does not meon foiture, osthenio, or complication	etc. II meons	the diseose,	DUE TO	-1	y out	, >	
	ANTECED	ENT CAUSES		(B) /44/	serlen	sind (.0	Deser	c anhour
rise	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.		terri	selem	/ Disean	ankon		
€ TO 1	R SIGNIFICANT C THE DEATH BU SE OR CONDITIO	IT NOT RELA	TED TO THE	S	Zefle	mja		2vh
DI 19A.D.	ATE OF OPERATIO	N 198. CON WAS PERF	DITION FOR WHI ORMED	CH OPERATION	20 A. AU	TOPSY (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?
27. ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., in or about 21.C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR?					re City, give exact location)			
21 D. 11 OF IN.	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
22. 1	22. I certify that (I) (this haspitel) attended the deceased from 200 1962 to Apr /7 19 6							
thot () (we) lost sow	the decease	d olive on	Ager/	719.6	ond th	ot in (my) (ew) op	inion deoth occurred on t
ond h	ond hour and from the couses stated above. (1) (We) (did not) view the body					dy ofter deoth.		
23A. SI	GNATURE	1 1	01	. 0			5. "	23 B. DATE SIGNED
	YSICIAN'S	and E	him	M.D. Att	ending s. 23D. ADDRES	Med. Director	Stoff Phys.	4.25.67
M	6 AY	and	61356	// I M.D.	10:	38 Ed	monden	- Are Bally
-	VAL (Specify)	24B. DATE	24C. NAM	E of CEMETERY of CR		24D. L	A County	City, Jown, or county)
Bur		4/27/67	Mt	and the state of t	emetry			2
25A. DATE	APR 26	1967 (25B. NAME OF	REGISTRAL MAIN		Thus He		ADDRESS 06 W North Ave

Robert E. Falsen APR 26 1967

1206 W North Ave Adolphus Halstead

		BALTIMO	RE CITY HEALTH DEPART	MENT	4056
BIRTH NO.	0 0	79 CERTI	FICATE OF DE	ATH Registered No	67 4079
M.E. CASE 1. NAME O (Type or Pri	F DECEASED	TA BUNCH	2.	DATE AND HOUR OF DEAT	8:30 P
3. PLACE C	OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDE	NCE (Where deceased lived, If	institution: residence before admission
FULL NA HOSPITA INSTITUT	AL OR oddress or locotio	or institution, give street n)	MARYLA C. CITY OR TOWN BALTIM	(If outside city limits, writ	RURAL and give ship)
33	THE JOHNS HOP	KINS HOSPITAL	D. STREET ADDRE		
5. SEX FEM	ALE NEGROID	7. MARRIED, NEVER MARRIED		9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	L OCCUPATION (Give kind of work most of working life, even if retired)	10B. KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (S	ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DO A	nestic RS NAME	Public	Phos K	B N. C	21.5. A.
		PEELE	SUSAN	MANLEY	
	eceased Ever in U. S. Armed Far inknown) (If yes, give wor or date		d. 17. INFORMANT		ADDRESS
No		218-36-965	79 James H.	Peele 2505 E.C	Dliven St.
18. 4	43 XI	C	AUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH,
	DISEASE OR CONDITION DI	RECTLY	0.47		month
rise	ANTECEDENT CAUSES (SES OR CONDITIONS, if the abave cause (A) ERLYING CONDITION last.	any, giving	то //	Cusion	
≧ TO T		ATED TO THE	emia, ren	nal failer	le l
	ATE OF OPERATION 198. CON WAS PER	IDITION FOR WHICH OPERATION FORMED	ON 20 A. AUTOPSY?	Yes of No. 208. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CO	CCIDENT WAS UNDERLYING DATRIBUTING CAUSE OF (notify medical examiner)	218. PLACE OF INJU home, form, foctory, etc.)	RY (e.g., in or about 21 C. WHE street, office bldg., INJURY C	RE DID (If in Baltin DCCUR?	nore City, give exact location)
OF INJ	JURY		RED 21F. HOV Not While At Work	V DID INJURY OCCUR?	
1	certify tha (1) Ithis hospito			19 67 10	4/23 196
	() (we) lost saw the decease				pinion deoth occurred on the
and hour and from the causes stated above (1) (We) (did) (dld nat) view the bady after death. 23A. SIGNATURE					
-	Tah-Him	Han. N	A.D. Attending Me. Phys. Dire	d. Stoff Phys.	4/23/67
23 C. PH	TAH - HSI ung	HSU.	M.D. 23D. ADDRESS	Johns Hop	Kins Hagnifal
24A. BURIA	AL CREMATION, 24B. DATE	24C. NAME of CEMETER	RY OF CREMATORY	24D. LOCATION	(City, town, or county) (State
Remo	oval 4-25-	67 Ba	Eptist Cinty.	Ahoskie.	N.C.
SA. DATE	REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNIRAL	DIRECTOR OP OP	ADDRESS OF

The garage and the section of the se

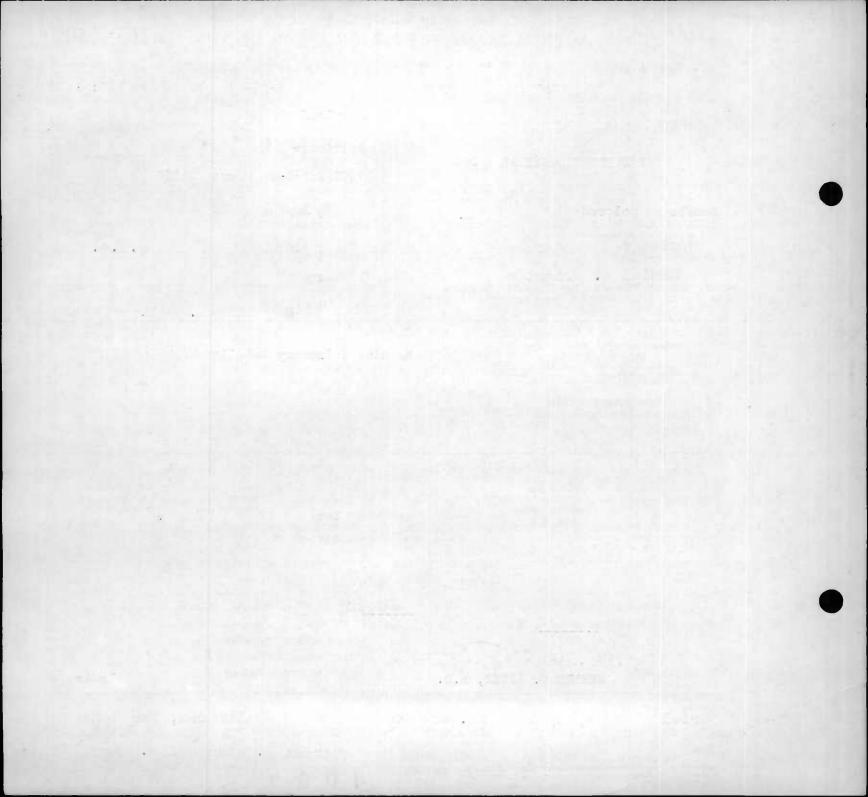
YELER CERTIFIED

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approach to the physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

67, 4080	BALTIMORE CITY	HEALTH DEPARTMENT		4500
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	67 4080
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR OF DEATH	
DUNNOCK DEATH IN BALTIMORE, MARYLAND	JOSEPH F	APR	IL 25, 196	7 1:10AM M
. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		itution: residence before admission)
FULL NAME OF (If not in hospital or institut	ion, give street	MD.		
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outsi	de city limits, write Ry	RAL and give township)
ST. AGNES		D. STREET ADDRESS (IF TO	rol, give location)	9-04
	CATON AVES.	D. STREET ADDRESS (II 10	ioi, give locolioli) v	
SEX 6. RACE 7. MARI	29 MD	8. DATE OF BIRTH 9.	OR ST	If Under 1 Yr. , If Under 24 Hrs
WIDO	WED, DIVORCED (specify)	10	st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manthsi Days Hours Min.
MALE CAUCASION S OA. USUAL OCCUPATION (Give kind of work 10 B. KIN)	NGLE OF BUSINESS OR INDUSTRY	04-05-94	n country)	12. CITIZEN OF
done during most of working lile, even if retired)				WHAT COUNTRY?
RETIRED - CIT	Y	MARYLAND		U.S.A.
3. FATHERS NAME				
JOSEPH DUNNOCK	DECD		ENTON	DEC 1
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	217-09-7571	ST. AGNES REC	ORBS:WILK	ENS & CATON AV
18. / 0 2 X I	CAUSE O		_	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	\mathcal{O}	ecent de seu	Aug Bas	ONSEI AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	e.g., DUE TO	90-41	14 14	749784
hearl failure, asthenia, etc. It means the dise	ase,			
injury or complication which coused death.)	(B) Per	never abovepe	chainde	
ANTECEDENT CAUSES	DUE TO	ecent byocas renal abovers	a. 6. M	
rise to the above cause (A) stating	The (C)	aghorn Caren	la 14 /4/6	-neg
UNDERLYING CONDITION last.		/		1
Z	TIMO			
O OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUS	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, at	or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct location)
DEATH (notify medical examiner)	etc.)	nes blogs, mystr seest.		
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	3
OF INJURY (APPROX.)	While At Not While Work At Work	e		•
22. I certify that (1) (this hospital) attend		MARCH 11. 196	7 A- AD	DII 25 1067
that (1) (we) lost sow the deceased alive		2510 67		RIL 25, 1967 on death accurred on the dat
			: in(my) (our) apini	on death accurred on the dat
and hour and fram the causes stated abov	e. (I) (We) (did) (dld nat) v	iew the body after death.	1,	23B, DATE SIGNED
Vivente Go Ruden	M. D. M.D. Atte	nding Med. S		4-25-67
23C. PHYSICIAN'S		s, Director P	toff thy s.	1001
NAME (Type)		St Agnes Hospit	al Baltimore	Md
	M.D.	0		
BEAAOSCAL (CII)	C. NAME of CEMETERY of CRE			town, or county) (State)
		Ch Cenetery Gold	en Hill, (hur	ch (reek Md
25A. DATE RECED BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	7 homas & Kenny	Inc 1600 Ha	ADDRESS
A 1201 OF Series	E Failey Fix	A D D D	, 5762 7000 770	ASSAULT VID
VS 150-REV. 1/1/65		11000		

					OP4	4 50
ICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered Na	4081

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
ELMIRA TAYLOR	4-24-67 12:59 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmi A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give towards)
PROVIDENT HOSPITAL - DOA	Baltimore D. STREET ADDRESS (If rurol, give locotion)
99 PROVIDENT NOSPITAL - BOA	1601 Bakebury Court 21217
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Female Colored W	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 4/16/88 9. AGE (In yeors Months, Doys Hours 79
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired)	WHAT COUNTRY?
Housewife	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel R. Wright	Mary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (II yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
	Otis Sliney 1119 W. Mulberry St
IB. CAU	SE OF DEATH INTERVAL BETWOONSET AND DE
DISEASE OR CONDITION DIRECTLY	assive pulmonary embolism
(T):- d (A)	issive pulmonary emborram
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes 20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.	g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	office bldg., INJURY OCCUR?
OF INJURY	D 21F. HOW DID INJURY OCCUR?
m. WORK AT	WORK L
certify that I held an Inquiry Inspection A	AutapsyXX and that an this basis, death in my apinlan
resulted fram: Natural causes X Accident Suic	ide HamicIde Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL MESSE M.S	DATE SIGNE
EXAMINER'S WERNER II SPITZ N.D.	ASSOCIATE MEDICAL EXAMINER 4-25-67
NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER)	Y or CREMATORY 23D. LOCATION (City, town, or county) (Stot
Burial 4/28/67 Mt. Auburi	
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
APR 26 1967 P. O. S. E. Farkuma	Charles A. Rice 661 W. Barre St
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This certificate must be approved by the chief medical examiner of his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, such and (6) No physician was in regular attendance on the deceased prior to death. Such

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FUNERAL DIRECTOR: IMPORTANT

67 4082	BALTIMORE CITY	HEALTH DEPARTMENT		CM 4000
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	67 4086
T. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	er , sr.	2. DATE AN	23 6	stitution: residence before offmission)
FULL NAME OF (If not in hospital or institution, given HOSPITAL OR oddress or location)	re street	a. STATE B. COUN	TY	RURAL and give township)
BRUNIVERSITY HOS	SPITAL	DALTIM	TOPER TU(o) give location)	21-01
5. SEX 6. RACE 7. MARRIED, N. WHOOMED,	EVER MARRIED DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B done during most of working life, even if retired)	USINESS OR INDUSTRY	UNKNOWN	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME CINKNOWN		4. MOTHER'S MAIDEN NAM	WE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dotes of service)	SECURITY NO.	Robert Ca	loen for	. (6 1 (0) -1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)	(A) SO	MAKILLA	- CARCH	INTERVAL BETWEEN ONSET AND DEATH WORST TYR
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION last.	(B) DUE TO (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WEWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218. Phome, of CONTRIBUTING CAUSE OF 14 CONTRIBUTING 14 CONTRIBUTION 15 CONTRIBUTION	LACE OF INJURY (e.g., in form, foctory, street, offi	or obout 21 C. WHERE DID	(If in Boltimore	USES OF DEATH?
<u>U</u>	NJURY OCCURRED At Not While At Work	21F. HOW DID tNJ	URY OCCUR?	′
22. I certify that (I) (this hospital) attended the that (I) (we) lost saw the deceased alive on ond hour and tram the couses stated above. (I)	march 12	8 19 67 and the	of in(my) (aur) opli	nion deoth occurred on the dote
23A. SIGNATURE LUA 23C. PHYSICIAM'S	7 M.D. Atter	nding Med.	Staff Phys.	4/23/67
NAME (Type) URT 24A. BURIAL CREMATION, 24B. DATE 24C. NAME 24C	al MD	UNIVE	RSITU OCATION (Cit	1HOSPITAL ty, town, or county) (Stole)
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF	REGISTRAR Factor PAR	25C. SUNERAL DIRECTOR	0	661W Barro
VS 150-REV. 1/1/83 R 2 6 1967	Cloudenta	and a contract of	1000	

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BALTIMORE CITY HEALTH DEPARTMENT 4083 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) CALVIN SOM 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) made. 9. AGE (In years 7. MARRIED NEVER MARRIED
WIDOWED, DIVORCED (specify) If Under 1 Yr. If Und Months Doys Hours 5. SEX 6. RACE If Under 24 Hrs. lost birthdoy) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) DRIVER UIR GINIA TRUCK USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RICHAR 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 16. SOCIAL (Yes, no or unknown) (If SECURITY NO. ves, give wor or dotes of service MARY 1132 CAUSE OF DEATH OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., hearl foilure, asthenia, etc. It means the disease, injury at camplication which coused death,) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION Iosi. the remains П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198, CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examined etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from. 19 6 that (I) (we) last saw the deceased alive an.... and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238. DATE SIGNED Klalys M.D. Attending Phys. Med. Stoff Director approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) R. CALIZOMD FRANKLIU 24A. BURIAL CREMATION, 248. 24D. LOCATION REMOVAL (Specily) NAME OF REGISTRAR 25A. DATE REC'D POPULATION 16 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

Type	NO. 67 408 CASE NO. ME OF DECEASED OF Print DO		CERTIFICA	TE OF DEAT	TH Registered N	·· 67 4084
Type	ME OF DECEASED					
P1 -	11/15 41/13	con -	Zies.		CAPIL 24 19	
	ACE OF DEATH IN BALTIMOR			4. USUAL RESIDENCE A. STATE B.	COUNTY	f institution: residence before odmission
HO	SPITAL OR oddress or I	lo cotion)		C. CITY OR TOWN	(If outside city limits, wry	e RURAN ond give township)
1		morial Hollo, Md.		D. STREET ABORESS	(If rural, give location)	Pkwg.
. SEX	e W	Wide		8. DATE OF BIRTH	9. AGE (In Years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
done d	SUAL OCCUPATION (Give kind luring most of working life, even if re Housewife		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
	THER'S NAME			14. MOTHER'S MAIDE		ODA
	John Wa	arren			Ella Nicklas	
5. Wo	as Deceased Ever in U.S. Arm a arunknown) (If yes, give wor	ed Forces? or dotes of service	1 6. SOCIAL SECURITY NO.	Mrs. F1	orence Noll	ADDRESS
h in	This does not mean the mo earf foilure, asthenia, etc. If raining or complication which a ANTECEDENT CADISEASES OR CONDITIONS se fo the above cause INDERLYING CONDITION In	meons fhe disea aused deofh.) AUSES , if ony, givi (A) sfating f	(B)	(bdomina)	Thoraco-	esm
ATIC	OTHER SIGNIFICANT CONDITIC OTHE DEATH BUT NOT DISEASE OF CONDITION CAU PA-DATE OF OPERATION 198	RELATED TO SING IT.	THE	20A. AUTOPSY? (Ye.	s or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21	A. ACCIDENT WAS UNDERLY R CONTRIBUTING CAUSE O EATH (notify medical examinet)	F	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)			more City, give exact location)
21 0	FINJURY APPROX.)		While At Not While Work At Work	le 🦳	OFD INJURY OCCUR?	
th 01 23	2. I certify that (I) (this ho not (I) (was) lost sow the de nd hour and from the couse (A. SIGNATURE CONTROL (Type) CONTROL (Type) Tage Tag	ceosed olive o	n	ending Med.	deoth.	opinion deoth occurred on the d 23B. DATE SIGNED April 24 190
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such except which is and (6) No physician was in regular attendance on the deceased prior to death. Such experiments approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributir shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined owas D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.
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	BALTIMORE CITY	Y HEALTH DEPARTMENT 67 4086					
	TH NO. 67 4086 CERTIFICA	TE OF DEATH Registered No. 4000					
1,1	NAME OF DECEASED PO OF PRINT M. MYE	2. DATE AND HOUR OF DEATH					
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	14. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)					
	FULL NAME OF (If not in hospital or institution, give street	A. STATE THE B. COUNTY					
	HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
	MONTABELLO HOSP. BALT. M.D.	D. STREET ADDRESS (If rurol, give location)					
	91	4016 VILLA NOVA					
5.	Femal. W 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Marsuel	B. DATE OF BIRTH G-10-1909 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.					
	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during most of working life, even if united)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13.	FATHERS NAME	14. MOTHER'S MAIDEN NAME					
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown (II yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	s, no or unknown (If yes, give wor or dotes of service) SECURITY NO. 220-09-39/7	John V MYERS 690 WASHINGTON BINO					
	1/9/	OF DEATH INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tailatie Ca of the					
	(This does not meon the mode of dying, e.g., heort foilure, asthenio, etc. It means the disease,	tastatic ca of the					
	ANTECEDENT CAUSES (B)	was ver so					
	DISEASES OR CONDITIONS, if any, giving						
	rise to the obove couse (A) stating the (C) UNDERLYING CONDITION last.						
_	II						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i or contributing CAUSE OF CAUSE OF	in or obout 2°C. WHERE DID (If in Baltimore City, give exoct locotion) ffice bldg., INJURY OCCUR?					
MEDIC	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?					
>	(APPROX.) While At Not White At Work						
	22. 1 certify that (1) (this haspital) attended the deceased from 7-12- 1967 to 4-24- 1967.						
	that (I) (we) last saw the deceased alive an	19 & 7and that in(my) (aur) apinian death accurred an the date					
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) v	view the bady after death.					
	young Lea Lew M.D. Att	ending Med. Director Stoff 4-24-67					
	PHYSCIANS NAME (Type) (OUNG HEALEW M.D.	montabella State Hosp					
24.	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR						
	BURIAL 4/27-61 LORRAINE PK	BALTIMORE CITY Md					
25	APR 26 1967 PLEASE FORMAN	trank West 814W36hSt.					
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1-50	67 4087	BALTIMORE CITY HEA	ALTH DEPARTMENT	OF DEATH \	67 4085
0-200	M.E. CASE NO.	EDICAL EXAMINER'S	ERTIFICATE	OF DEATH Regist	ered No. 97 4007
	T. NAME OF DECEASED	2. D	ATE AND HOUR PRONOUNC		
	LEE Morgan			April 21, 1967	
	B. PLACE IN BALTIMORE, MARYLAN FULL NAME OF (IF NOT IN HE	D, WHERE PRONOUNCED DEAD OSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE A. STATE Mary	E(Where deceased lived, If ins land B. CO	Stitution: residence before odmission) UNTY Dorchester
	HOSPITAL OR ADDRESS OR	LOCATION)	Cambri	(If outside corporate limits, wridge	te RURAL and give township)
	38 University Ho	ospital	D. STREET ADDRESS Route	(If rurol, give location) # 1	
	5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr. If Under 24 Hrs.
	Male White	Never married	Sept.24,1	lost birthdoyl 20	Months Doys Hours Min.
		of work 108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF
	tone during most of working life, even if re Electricians he] 3. FATHER'S NAME	tred)	Cambri (dga	WHAT COUNTRY?
		Jones, Sr.	Mitty (elik Elim
	5. WAS DECEASED EVER IN U.S. A Yes, no orunknown) (If yes, give wor o	dates of service) SECURITY NO.			ADDRESS
	IB			ones, Sr., Camb	ridge Md R D L
	15716N		SE OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITIO		shot wound o	f head	
	(This does not mean the monheart failure, asthenia, etc. It	de of dying e.g., (A)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	injury or complication which ca	used death.)			Inc. [8 Kill Sells L.
	ANTECEDENT CA	AUSES			
	DISEASES OR CONDITIONS	, IF ANY, GIVING (B)			
	UNDERLYING CONDITION L	AST.			
	NO II	(C)			
	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAL	T RELATED TO THE			
	19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OPERATION S PERFORMED Gunshot wound	Yes	S OF NO. 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATHS
	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-		, in or about 21C. WHER	RE DID (If in Baltimore City,	give exact location)
	UTING CAUSE OF DEATH.	etc.) Yard at home	Rout	e #1, Cambridge	, Md. 59.00
	OF INJURY	1:00 A _{m.} WHILE AT NOT AT		self	
	22. I certify that I held a			at an this basis, death in	my apinian
	resulted fram: Nature	al causes Accident Suici	de X Hamicide	Undetermined mann	ner 🗌
	01	1 1 + 2	CHIEF MEDIC	CAL EXAMINER	DATE SIGNED
	SIGNATURE (Me Jones	D. ASSISTANT MEDIC	CAL EXAMINER X	DATE SIGNED
	EVAMINEDIS	arles S. Springate, M.I	ACCOCIATE MEDI	CAL EXAMINER	4-22-67
WEST TY	23A. BURIAL CREMATION, 23B. DA				y, town, or county) (Stote)
	Burial Apr			y Cambridge, M	
	APR 26 1967	Robert E. Laberta	24C FUNERAL D	The Thirty	Cambridge, Md.
	VS 151-REV. 1/1/65	61/96700	0 4 0	9 5	

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	proved by the chief medical examiner or his assistant if death occurred the hospital by a medical examiner. Also, if the direct or contributing ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined except where the physician who pronounced death was in regular and (6) No physician was in regular attendance on the deceased probtained before the remains are embalmed or final disposition is made.	or his assistant if a Also, if the direct e of any kind; (4) U nounced death we attendance on the med or final dispos	death occurred in or contributing contributing consistency of the contribution is made.	a hospital and cause of death fee; (5) Deceased ndance on the condeath. Such
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1, N	AME OF DECI	THAL	FRED	ERICK		DATE AND H	OUR OF DEATH		45
3. F	LACE OF DEA	TH IN BALTIMORE, MA		O DI OIC	4. USUAL RESIDE	-	eceosed lived. If in	stitution: residence	before odmission)
	ULL NAME O		or institution, give str	eet	Md.			Bas	to lo.
	NSTITUTION	charles		1 Hora	Balt	N (If outside	city limits, write R	URAL ond give 1	ownship)
	4011	(Chan les	devera	, ,,,,,,	D. STREET ADDRI		iladel H	hie Te	ed.
5. S	EX	6. RACE	7. MARRIED, NEVER		B. DATE OF BIRTH	9. A	GE (In years birthdoy)		If Under 24 Hrs. Hours Min.
103	M USUAL OCCU	IPATION (Give kind of wor	Widon	ed	/2-25-	90	76	12, CITIZEN OF	
		vorking life, even if retired)	B. IL	To +	M. BIKIHPEACE (S	ary lan	- i	WHAT CO	UNTRY?
13.	FATHER'S NAM		CET (4 marks	1 Kansl ,	14. MOTHER'S MA	AIDEN NAME		00%	
	Ste	phen The	ce!			vabeth	Flavous		
15, Yes	(Nas Deceased (no or unknown)	Ever in U. S. Armed Fo	es of service) SE	CURITY NO.	17. INFORMANT	2 ch	b 831	PADDR	Isl PA
-	1B. def 1)	0.114.14	d1:	CAUSE O	F DEATH	M. Cac	१८० वन	INTERV	AL BETWEEN
		E OR CONDITION DI LEADING TO DEATH		λ.	t. M.	0.000	1.17.1.		AND DEATH
	(This does n	ol meon the mode of asthenio, etc. It meons	dying, e.g.,	DUE TO	ute My	ocara	iai su ju	GIVA	70 //12-
	injury or com	plication which coused	d deoth.)	B Bo	ronard	, The	ombon	2	48 hrs t
		R CONDITIONS, if		DUE TO					1
		abave cause (A) CONDITION lost.	slaling lhe	(C) /]	teriosleri adio va	unlar	hise	11/0E	Zyrst
z	OTHER SIGNII	II	CONTRIBUTING				p i c		
ATIO	TO THE DE	EATH BUT NOT RELACED TO THE CONDITION CAUSING	ATED TO THE	Iremia			plont 1		
CERTIFICATION	19A DATE OF	OPERATION 198. CON	NDITION FOR WHICH	OPERATION	20 A. AUTOPSY?		B. IF YES, WERE F		
CAL CE	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined			n or obout 21 C. WHI ffice bldg., INJURY ((tf in Boltimore	City, give exoct	locotion)
MEDI	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E, INJUR While At	Y OCCURRED		W DID INJURY	OCCUR?		
	(APPROX.)		Work L	_ At Work			7	4-22	
		that (1) (this hospita			19.67	7 ond that is	n(mar) (our) opir	nian death occi	urred on the date
	ond hour and	from the causes sta	_						
	23A. SIGNATU	RE	4.4	M.D. All	ending Me	ed. Stoll	s, L	23B. DATE SIGN	
	23C. PHYSICIA	N'S	uy	Phy	23D. ADDRESS		. 0		2-67
244		14.3. DU	REZA	M.D.		C4/bur			d 212 15.
6	REMOVAL (S	11 1100	1017 T.	CEMETERY OF CR	4.1	BIL	. 11	lang Count	l. (Slote)
25A		BY HEALTH DEPT.		STRAR	25C. FUNERAL	DIRECTOR	Puge C	2 /	DRESS
VS	150-REV. 1/1/6	PR 26 1967	(1) 1 2 . S	talky A.A	Cyach	, Ferrica	K Hehm	1211 Che	sow live.

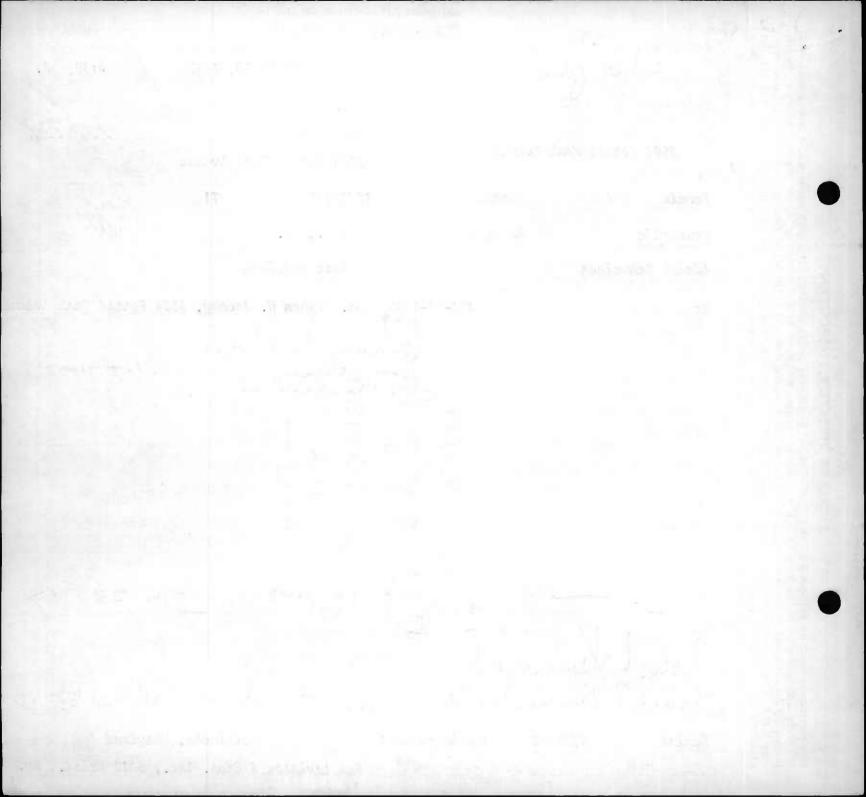
Francisco Transport Phase A secretary frequency of the second A Wall Street St

APR

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT						
d		H NO. 67 4889	CERTIFICA	TE OF DEATH	Registered No.	67 4089
	1. N	AME OF DECEASED	0	2. DATE A	ND HOUR OF DEATH	
		e or Print) Cotalle tace	Xry	APRIL	. 23, 1967	8:30 A. M.
	3. P	LACE OF DEATH IN BALTIMORE, MAN	RYLAND	A. STATE B. COU	are deceased lived. If insti NTY	tution: residence before odmission)
	H	ULL NAME OF (If not in hospital of oddress or location)	or institution, give street	Marland C. CITY OR TOWN (If or	utside city limits, write RU	RAL ond give township)
	3508 Forest Park Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired) Housewife At Home 13. FATHERS NAME Adolph Schweiger			Baltimore D. STREET ADDRESS (IF	rurol, give location)	10-08
;				3508 Forest F	ark Avenue	
				B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
				12/20/95	71	
				11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
				Phila. Pa.		USA
				14. MOTHER'S MAIDEN NA	ME	
				Rose Apfelt		
	15. V (Yes	Was Deceased Ever in U.S. Armed Force, no or unknown) (If yes, give wor or dotes	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	1	No.	424-09-1435	Mr. Nathan H.	Jacoby, 3508	Forest Park Avenue
		18.4.2011	CAUSE O		0 -	INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIR	ECTLY	War Maria	Voce on	
		(This daes not mean the made of heart failure, asthenia, etc. 11 means		10 (A) 0000 =	540 501	10+ year-
		injury or complication which caused		The engine		
,		ANTECEDENT CAUSES	DUE TO	HOLLIS COLI	<u> </u>	
		DISEASES OR CONDITIONS, if a				
2		UNDERLYING CONDITION last.	0.0000000000000000000000000000000000000			
	z	OTHER SIGNIFICANT CONDITIONS CO	ONTRICTING			
	ATIO	TO THE DEATH BUT NOT RELATED ISEASE OR CONDITION CAUSING IT	TED TO THE			
		19A. DATE OF OPERATION 19B. CONE	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 208. IF YES, WERE FIN	NDINGS CONSIDERED
0	CERT	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	o or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
	CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?		on,, goo onco isomon
	W	21 D. TIME (Month) (Doy) (Year) OF INJURY		21F. HOW DID IN	JURY OCCUR?	
	8	(APPROX.)	While At Work At Work	e	. /	
		22. I certify that (I) (this hospital)	ottended the deceased from.	2 No years	19 to 17	4 23 196>.
		that (I) (we) lost sow the decease	d olive on 1 the	1967\ ond t	hot in (my) (our) d pini	on death occurred on the date
,			ed obove. (I) (We) (did) (although) v	riew the body ofter death.		DATE CIONES
		23A. SIGNATURE	M.D. Atte	ending Med.	Stoff	38. DATE SIGNED
,		23C. PHYSICIAN'S	lenger Phy	s. Director 23D. ADDRESS	Phys.	2.00
		Louis Pillaml	ourger Ir M.O.	1001 St (n	al St-A	estimore horazoz
3	24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	240. NAME OF CEMETERY OF CRI	EMATORY 24D.	LOCATION (City,	town, or county) (State)

4/24/67 Baltimore Hebrew Baltimore, Maryland
HEALTH DEPT. 23B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
R 26 1967 Cell E. Jahren Sol Levinson & Bros. Inc., 6010 Reist., R



27		BALTIMORE CIT	Y HEALTH DEPARTMENT		Olw 1000	
M.E. CASE NO.	4090	CERTIFICA	ATE OF DEATH	Registered No.	_57 41190_	
1. NAME OF DECEASED		4 - 1 - 1 - 1 - 1	2. DATE AN	D HOUR OF DEATH		
SCA	WARTZ.	HYMAN	I AP	RIL, 2:	3, 1967 12 A	
3, PLACE OF DEATH IN B	ALTIMORE, MARTLAND		4. USUAL RESIDENCE (Whe A. STATE B. COUN	re deceosed(lived, If in ITY	n'stitution: residence before admission	
FULL NAME OF (IF HOSPITAL OR OF INSTITUTION	not in hospital or institu dress or tocotion)	ation, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
12			BALTIMOR	=	53-00	
SINAI HUS			3715 Stoneybrook Rd MANKA			
5. SEX 6. RACE		OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.	
19 \	/ M	ARRIED	Y 11, BJRTHPLACE (Stote or fore	61		
done during most of working fite	(Give kind of work 108, KIN e, even if retired)	ID OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF WHAT COUNTRY?	
WHITMAN AN	ID CO. BUT	LDING	Russia		USA.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		
ISAAC SCHI	JART7		MINNIE	?		
ISAAC SCHO 5. Was Deceased Ever in U Yes, no or unknown) (If yes,	J. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS	
	A			0.01/1.11.077	MAR OTAUTURNAAU N	
NO 18.			OF DEATH	SCHWARTZ, 3	715 STONEYBROOK RI	
DISEASE OR C	ONSET AND DEATH					
	G TO DEATH	6.	RECURRENT C WITH SEY	ED ANE	14 / 11	
(This daes not mean	the made of dying,	e.g., DUE 10 5	ASCUD MITH	Z.15 L. 77.1V.V.		
	etc. It meons the dis which caused deoth.)	ease,	RECURREN).	CONGESTI	IVE	
ANTECE	DENT CAUSES	(B)	HEART FALL	URE		
DISEASES OR CON	DITIONS, if ony, g	DUE TO	AND MYOCAL	DAIAI		
	cause (A) slating		INPARAT	-10-A/		
ONDERLING COND	THON IGST.					
	ONDITIONS CONTRIB					
A DISEASE OF CONDITION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATI	WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIBUTING DEATH (notify medical	CAUSE OF		in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact tocation)	
D 21D. TIME (Month)	(Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJURY		While At Not Wh				
	4.1.4.1.4.1	Work At Work		77 7	6871	
		ded the deceased fram	0 5 63 /	196/ to A	PR/L 23, 1961	
that (I) (we) last say			. /	at in(my) (aur) api	nian death occurred on the d	
and hour and from th	e causes stated abo	ve. (1) (We) (did) (did nat)	view the bady ofter death.			
23A. SIGNATURE	(10 BK	1001			23B. DATE SIGNED	
	X XIII	M,D. A	ys. Med. Director	Stoff Phys.	4/23/67	
23C. PHYSICIAN'S NAME (Type)	0/1/	X	23D. ADDRESS			
		// M.D	SINAI HOS	PITAL	/	
24A. BURIAL CREMATION,	248. DATE 2	C. NAME of CEMETERY OF C			ity, town, or county) (State)	
REMOVAL (Specify)						
BURIAL 25A. DATE REC'D BY HEAL		ANSHE EMUNAH - A	ITZ CHAIM	BALTIMORE	MARYLAND	
THE STATE OF	250. NA	A BA				
APR	26 1967	0 11-81 Jallan	ISOL LEVINSON	& RKOS INC.	, 6010 REIST., RD	
/S 150-REV. 1/1/65/71 11	1001 019	COOL AT MERCE	1 1 0 7 0			

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MANUAL AND LYES

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4091

M.E. CASE NO.							
Type or Print)	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD
.750 01 111111		JOSEPH	C. ocus			4-21-67	8:52 AM M.
	IMORE, MARY	LAND, WHERE PRONO		A. STATE Maryland	NCE (Where	deceased lived. If inst B. COU	itution: residence before admission)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT II	N HOSPITAL OR INSTITU OR LOCATION)	UTION, GIVE STREET			corporote limits, write	e RURAL and give township)
42				Baltimor			D 01 -00
OA S.	INAI HOS	SPITAL - DO)A	D. STREET ADDRI	ESS (If rurol,	give location)	
97						Beach Road	21226
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.
Male	White	m	narried	Feb. 11,		49	
lone during most of v	warking life, ever	if retired)	cles Co.	Maryla		country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM				14. MOTHER'S MA	T. Me		
		S. ARMED FORCES?	16. SO CIAL	17. INFORMANT	1. 125	citute	ADDRESS
		vor or dotes of service)	SECURITY NO.		A1 O	/	
No			218-03-9869	Mrs. Dore	otny Oc	us (same	•)
18, 4	0.1.		CAUSE	OF DEATH			INTERVAL BETWEEN
DISEAS	SE OR COND	ITION DIRECTLY					ONSET AND DEATH
	LEADING T		(A) A	cute myoca	rdial:	infarction	
he ort failure,	asthenio, etc.	mode of dying, e.g., tt meons the diseose, h caused deoth.)	DUE TO	······································		***************************************	
	NTECEDENT		(8)				
RISE TO TH	E ASOVE CAL	DNS, IF ANY, GIVING	DUE TO				
	NG CONDITIO	ON LAST.	(C)				
<u> </u>			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
O THE	DEATH 8UT	NOT RELATED TO T					
19A, DATE OF	OPERATION	19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY?		OB. IF YES, WERE FIR	NDINGS CONSIDERED
		-		Yes		Yes	
Q 21 A. EXTERNAL O UNDERLYING UTING CAU	OR CONTRIB-	home	PLACE OF INJURY (e.g., e, form, foctory, street, c			f in Boltimore City, gi	ve exact lacation)
21D TIME	(Month) (D	py) (Yeor) (Hour) 2	TE. INJURY OCCURRED	21 F. HO	W DID INJU	RY OCCUR?	
(APPROX.)		m. \	WHILE AT NOT	WHILE ORK		11245	
22.	tify that I he	ld an Inquiry	Inspection Aut	opsy X and	that on this	s basis, death In m	ny apinian
resul	ted from: No	itural causes X	Accident Suicid	e Hamicid	e U	ndetermined manne	er
	,				DICAL EX		
ACTUAL		mes 6	/	ASSISTANT ME		CER	DATE SIGNED
EXAMIN NAME (1	ER'S	RNER U. SPITZ	M.D.	ASSOCIATE ME	DICAL EX	AMINER _	4-21-67
23A. BURIAL CREA	MATION, 238		C. NAME of CEMETERY O	CREMATORY	23 D. LC	CATION (City,	, town, or county) (Stote)
Burial	. 1	1-24-1967	Holy Cross Ce		Ri	tchie Hgwy.	,A.A.Co., Maryland
24A. DATE REC'D	APR-26	1967 JES	of REGISTRAR	24C. FUNERA		Ol Ritchie	Address Hgwy., Baltimore, Md
				4.0 .001	1009 40		Oul . 1 DOT OTWOLE 3110

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of death

contributing cause

a hospital

- 11	BIRTH NO. DI AUSZ M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	3000
	1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
	(Type or Print) Charles Rett	Kowski	412:	2/67	12:45 A. M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND CERTIFICATE OF THE OF THE PROPERTY OF THE STREET OF THE STR	MENDED	Maryland	īγ	itution: residence before odmission)
	HOSPITAL OR address or location)	5-1-67	Baltimore	side city limits, write RL	JRAL and give township)
	8 14 2 01 91 111		57. 11.1	urol, give location)	
Ц	Jowy Butto. Dene red pt	ospital		ory Hue,	
	Male White Wi	WED, DIVORCED (specify)	812919	64 68	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	done during mast of working life, even if retired) Plumber Helper T	lumbing	Maryland		U.S.A.
	13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	ΛE	
	Herman Rett Kowski		Martha Smith	_	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service)		Mrs. Marth	d Marcai	a tonio
Щ	No	214-14-2007	3724 821	S. Curley	St. Bultimore
	18. 420,1	CAUSE O	FDEATH	20	ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(1)	My Pill	18 card	Lynn ()
	(This does not mean the mode of dying, of heart failure, asthenia, etc. It means the disc		Jugar	etion,	
	injury or camplication which caused death.) ANTECEDENT CAUSES	(B)	literia 80	Jeso D-	Figh
	DISEASES OR CONDITIONS, if ony, giv		an die	vasul.	34
	rise to the obave couse (A) stoling UNDERLYING CONDITION tost.			DI	
	11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or Mo	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY le.g., ir home, farm, foctory, street, of etc.)	n ar obout fice bldg., INJURY OCCUR?	IIf in Baltimore	City, give exact lacation)
	21D. TIME (Manth) (Doy) (Year) (Haur) OF INJURY (APPROX.)	21E INJURY OCCURRED While At At Work		JRY OCCUR?	2 45 ·m
	22. I certify that (4) (this haspital) attended	ed the deceased from 4	118/47 1	9 10 412	
	that (\$) (we) lost saw the deceased alive of				an death accurred on the dote

that (\$) (we) lost saw the deceased alive on.... and hour and from the causes stoted obove. (1) (We) (did) (did not) view the bady ofter deoth, 23A. SIGNATUR

Attending Phys. Med. Director M.D.

23 B. DATE SIGNED Stoff Phy s.

23C. PHYSICIAN'S NAME IType

23 D. ADDRESS 1213 M.D.

Street Salto. old

latthews rn Ave Bo

of CREMATORY 24C. NAME of

ADDRESS

25B. NAME OF REGISTRAR PR 26 196

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, REMOVAL (Specify)

Market State State

mand the state of the second

BALTIMORE	CITY	HEALTH	DEPARTMENT
DAFIIMONE		LIEVELLI	DEI WY I WIEL A I

1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) EVELYN SWENT.	4/20 /10	1035
	JSUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admis
	STATE B. COUNTY	
FULL NAME OF (If not in haspital or institution, give street	Maryland	
HOSPITAL OR oddress or location) INSTITUTION	CITY OR TOWN (If outside city limits, write R	URAL and give township)
	Baltimore	1-06
Union Memoral Hogatil	STREET ADDRESS (If rural, give location)	
and michael is also	530 S. Pecker	Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. D.A.	ATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Months Days Hours M
WIDOWED, DIVORCED (specify)	lost birthdoy	Months Days Hours M
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 11. B	BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even it retired)	e country	WHAT COUNTRY?
House wide	BOLTIMOVE.	USA
13. FATHERS NAME	MOTHERS MAIDEN NAME	-
	Lucian T	
	- ILLIAN TY GOT FORT	er.
	NFORMANT In Carl Swanson	ADDRESS
No 216-12-6338	520 S D-1-	Roll man
1B. Z D A A CAUSE OF DE	ATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	Carl Suntained.	4-10-4
(This does not meon the mode of dying, e.g., DUE TO	The state of the s	
heart failure, asthenia, etc. It means the disease,	41.	,
injury or complication which coused death,)	monay at eleta	res
ANTECEDENT CAUSES (B) DUE TO	11.	
DISEASES OR CONDITIONS, if ony, giving	regema + medias	funit is
rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.	1	1 /2 / 1
Sur	racy to asophage	as personal
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS		27
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	•	Kh
d Disease or Condition Causing II.	OOA ALLEGRANA (V	///
2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 2	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
Chole Lithialis & histor hemia	, 9es	55
OR CONTRIBUTING CAUSE OF CAUSE	blodg, INJURY OCCUR?	City, give exact lacation)
DEATH (notify medical examiner) etc.)		
O 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		
(APPROX.) Work At Work		
22. I certify that (this hospital) attended the deceased from	1967 10 4	120 196
that (CV(we) lost sow the deceased alive on 4/2)	19 (1) ond that in (mg) (our) opin	ion death accurred on the
		Godin Geograph Oil 1110
ond hour and from the causes stated above. (1) (We) (did) (did not) view to	the body offer deoth.	
23A. SIGNATURE		23B, DATE SIGNED
Devid S. Allawart M.D. Allending Phys.	Med. Staff Phys.	4/20/67
23C. PHYSICIAN'S 23D. A	ADDRESS	
DAVID S. SCHWARTZ, M.D. 7	THE UNION MEMORIAL HO	SPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATE		y, town, or county) (Sta
	etery Baltimore	14d.
	25C. FUNERAL DIRECTOR	ADDRESS

Nicholas T.

ADDRESS Baltimore

Matthews tern Ave. 1 Fastern VS 150-REV. 1/1/65

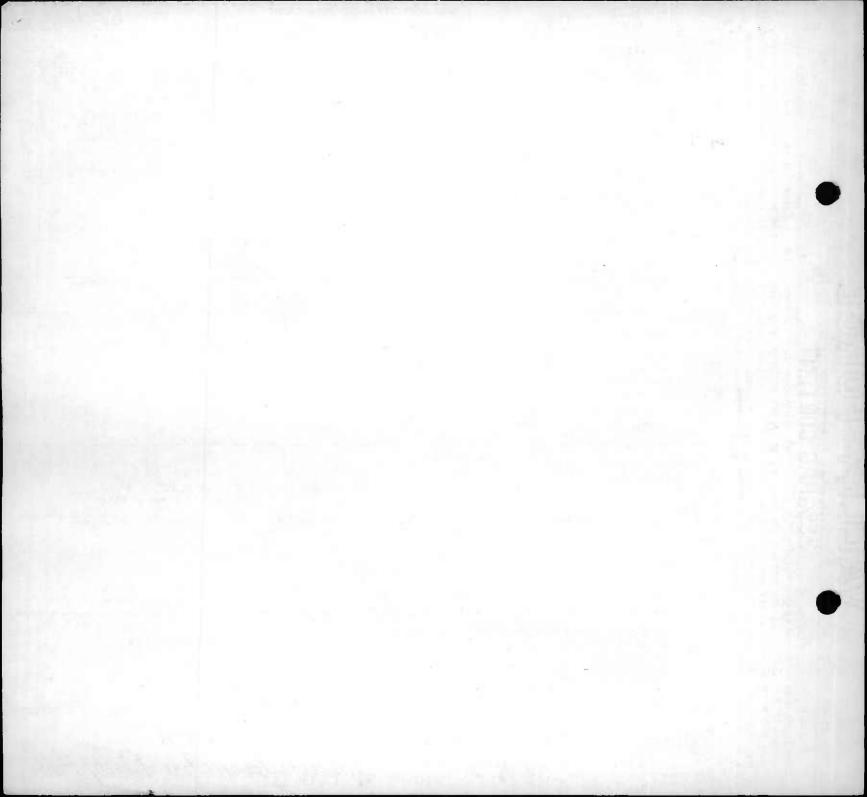
L'Inget Liverett many 19 30/30/2 Lavant printer along Allowited) 26 114 252004 STATE TO NOT HALLIA Checket Meimeden The second second Helmong at electronic = = complying a medical contra Similary to englosoped perfor 177/ William Marine - Wille harm 40 5 183 = 13 02) 1 23 Lill Thomas A brook

3. 1	PLACE OF DEA	VORBER	MARYLAND	J. SULLI		JAL RESIDENCE (Whe	22-67 re deceased lived. If in	nstitution: residence	e before odmiss
1	FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hos oddress ar lo		ution, give street		MARYLAN		RURAL ond give	township)
0	00	7 RALWOR	omer De			BALTIMO			9-0-
					1	657 RALW	ORTH RD.		
	MALE	WHITE	WID	RRIED, NEVER MARRIE OWED, DIVORCED (5) MARR IE	D 4/7	/09	9. AGE (In years lost birthdoy) 58	If Under 1 Yr. Manths Doys	If Under 24 Hours Mir
		IPATION (Give kind o varking life, even if ret		ND OF BUSINESS OR I	INDUSTRY 11. BIR	THPLACE (Stote or fore	ign country)	12. CITIZEN OF	
C	OUNSEL	OR DEPT	EMP.	SECURITY		RAL TIMORI	E. MD.		
13.	FATHER'S NAM	\E		020016111	14. M	BAL TIMOR	ME		
		DR. WII	LIAM	J. SULLI	VAN	NELLIE	SHEHAN		
		Ever in U. S. Arme	d Forces?	16. SOCIAL	17. INF	ORMANT		ADDR	
				300000	MRS.	$N \cdot J \cdot J \cdot I$	SULLIVAN	1657 R	LWORT.
	18.4	5. / I			CAUSE OF DEA	н			AL BETWEEN
		E OR CONDITION							AND DEATH
		LEADING TO DE		(A)	HEUTE	CORONARY	Y ARTERY SIS	FEW	HOUR
	(This does a	at seems the seed							
	heart failure,	ot mean the mod osthenia, etc. It m	eons the dis	e.g., DU sease,	JE TO	THROMBÓ	513		
	heart failure, injury ar cam	osthenia, etc. It m plicolion which ca	eons lhe dis used deolh.)	e.g., DU	JE TO	THROMBO	ses '		
	heart failure, injury ar cam	osthenia, etc. It m plicotion which ca ANTECEDENT CA	eons the dis used deoth.) USES	e.g., DU sease, (B)	DE TO CEN	CRALIZE	s (S		
	heart failure, injury or com	osthenia, etc. It m plicotion which ca ANTECEDENT CA R CONDITIONS,	eeons lhe dis used deolh.) USES if any, g	(8). DU	IE TO CEN	THROM B & CRALLZED RTERIOSC	SIS D LEROSIS		
	heart failure, injury ar cam A DISEASES Orise to the	osthenia, etc. It m plicotion which ca ANTECEDENT CA	eens the dis used deoth.) USES if any, g (A) stating	(8). DU	DE TO CEN	THROMB B CRALIZE S ORTERIOSC	SIS ' D LEROSIS		
Z	heart failure, injury ar cam A DISEASES Orise to the UNDERLYING	osthenia, etc. It m plicotion which ca ANTECEDENT CA R CONDITIONS, above cause CONDITION los	eens the disused death.) USES if any, g (A) stating	(B) DU giving Ihe (C)	IE TO CEN	THROMB B CRALLZE S CRTERIOSC	SIS ' D LEROSIS		
ATION	DISEASES Onise to the UNDERLYING	osthenia, etc. It m plicotion which ca ANTECEDENT CA R CONDITIONS, above cause CONDITION los	eens the disused death.) USES if any, g (A) stating 1. NS CONTRIB RELATED TO	(8) DU giving Ihe (C)	IE TO CEN	THROMB B CRALLZE CRTERIOSC	SIS ' D LEROSIS		
RTIFICATION	DISEASES Onise to the UNDERLYING	osthenia, etc. It mplication which ca ANTECEDENT CA R CONDITIONS, above cause CONDITION los II FICANT CONDITION FICANT CONDITION FATH BUT NOT CONDITION CAUS OPERATION 198.	eens the disused death.) USES if any, g (A) staling I. NS CONTRIB RELATED TO	(8) DU giving The (C) UTING O THE	IE TO CEN	CRALIZE RTERIOSC	D) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	DERED
CAL CERTIFICATION	DISEASES OF THE DISEASE OF THE SIGNIT TO THE DISEASE OF THE DISEAS	osthenia, etc. It mplication which ca ANTECEDENT CA R CONDITIONS, above cause CONDITION los II FICANT CONDITION FICANT CONDITION FATH BUT NOT CONDITION CAUS OPERATION 198.	if any, g (A) staling L SCONTRIB RELATED TO NG IT. CONDITION PERFORMED	(8) DU giving The (C) UTING O THE	ION 20A	AUTOPSY? (Yes of No	D) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	IDERED
EDICAL C	DISEASES OF THE DISEASE OF THE DISEA	osthenia, etc. It mplicotion which ca ANTECEDENT CA R CONDITIONS, above cause CONDITION los FICANT CONDITION INSTALL BUT NOT CONDITION CAUSE OPERATION 198. WAS	ieons the disused deoth.) USES if any, g (A) stating I. NS CONTRIB RELATED TO NG IT. CONDITION PERFORMED	UTING O THE FOR WHICH OPERATI 218 PLACE OF INJU home, loim, foctory, etc.)	ION 202 URY (e.g., in or obd, street, office bld	AUTOPSY? (Yes of No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	IDERED
CALC	DISEASES OF THE DISEASE OF THE DISEA	osthenia, etc. It mplicolion which can interest the condition of the condi	ieons the disused deoth.) USES if any, g (A) stating I. NS CONTRIB RELATED TO NG IT. CONDITION PERFORMED	UTING O THE FOR WHICH OPERATI 218 PLACE OF INJU home, loim, foctory, etc.)	URY (e.g., in or obe, street, office bld	AUTOPSY? (Yes of No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	IDERED
MEDICAL C	DISEASES OF THE DISEASE OF THE SIGNIT TO THE DIDISEASE OF	osthenia, etc. It mplication which can interest the condition of the cause of the c	ieons the disused deoth.) USES if any, g (A) stating i. NS CONTRIB RELATED TO RELATED TO ROBOTION S PERFORMED NG (Hour)	giving Ihe (C) UTING O THE FOR WHICH OPERATI 218. PLACE OF INJU- home, loim, foctory, etc) 21E. INJURY OCCU While At Work	URY (e.g., in or obo, street, office bld	AUTOPSY? (Yes of No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS USES OF DEATH	DERED ?
MEDICAL C	DISEASES OF THE DISEASE OF THE DISEA	osthenia, etc. It mplicolion which call the plicolion which call the plicolion which call the plicolion which call the plicolion with the plicolion which call the plicolion call the pl	if any, g (A) staling I. SCONTRIB RELATED TO NG IT. CONDITION PERFORMED NG IT. Year) (Hour)	UTING O THE FOR WHICH OPERATI 218. PLACE OF INJU- home, loim, foctory, etc.) 21E. INJURY OCCU While At Work ded the deceased fr	URY (e.g., in or obe, street, office bld	AUTOPSY? (Yes of No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS. USES OF DEATH: e City, give exoct	IDERED?
MEDICAL C	DISEASES OF THE DISEASE OF THE DISEA	osthenia, etc. It mplication which can in the condition which can in the condition in the cause of condition in the condition cause of cause of cause of medical examiner) (Month) (Doy) (that (I) (**Ins host saw the deciral cause of c	if any, g (A) staling I. NS CONTRIB RELATED TO NG IT. CONDITION PERFORMED Year) (Hour) Year) otten eased alive	giving Ihe (C) UTING O THE FOR WHICH OPERATI 218, PLACE OF INJU home, loim, foctory, etc.) 21E, INJURY OCCU While At Work ded the deceased fr	URY (e.g., in or obe, steet, office bld	AUTOPSY? (Yes of No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS. USES OF DEATH: e City, give exoct	IDERED?
MEDICAL C	DISEASES OF THE DISEASE OF THE DISEA	osthenia, etc. It mplication which can in the course of the cause of the course of the cause of	if any, g (A) staling I. NS CONTRIB RELATED TO NG IT. CONDITION PERFORMED Year) (Hour) Year) otten eased alive	UTING O THE FOR WHICH OPERATI 218. PLACE OF INJU- home, loim, foctory, etc.) 21E. INJURY OCCU While At Work ded the deceased fr	URY (e.g., in or obe, steet, office bld	AUTOPSY? (Yes of No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS USES OF DEATH e City, give exoct	IDERED? Iocotion)
MEDICAL C	DISEASES OF THE DISEASE OF THE DISEA	osthenia, etc. It mplication which can in the course of the cause of the course of the cause of	if any, g (A) staling I. NS CONTRIB RELATED TO NG IT. CONDITION PERFORMED Year) (Hour) Year) otten eased alive	giving Ihe (C) UTING O THE FOR WHICH OPERATI 218, PLACE OF INJU home, loim, foctory, etc.) 21E, INJURY OCCU While At Work ded the deceased fr	URY (e.g., in or obe, sheet, office bld	AUTOPSY? (Yes or No NO OT 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ 9.6.7 and the body after death.	208. IF YES, WERE IN CERTIFYING CA (If in Boltiman	FINDINGS CONSUSES OF DEATH	IDERED? Iocotion) 19 urred an the a
MEDICAL C	DISEASES OF THE PROPERTY OF THE DISEASE OF THE DISE	osthenia, etc. It mplicolion which can interest the condition of the condi	if any, g (A) staling I. NS CONTRIB RELATED TO NG IT. CONDITION PERFORMED Year) (Hour) Year) otten eased alive	giving Ihe (C) UTING O THE FOR WHICH OPERATI 218, PLACE OF INJU home, loim, foctory, etc.) 21E, INJURY OCCU While At Work ded the deceased fr	URY (e.g., in or obo, street, office bld URRED Not While At Work Tam View th M.D. Attending Phys.	AUTOPSY? (Yes of No. 10) AUTOPSY? (Yes of No. 10) AUTOPSY? (Yes of No. 10) INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ Med. Director	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS USES OF DEATH e City, give exoct	IDERED? Iocotion) 19 urred an the a
MEDICAL C	DISEASES OF THE DISEASE OF THE DISEA	osthenia, etc. It mplication which can in the course of the cause of the course of the cause of	if any, g (A) staling I. NS CONTRIB RELATED TO NG IT. CONDITION PERFORMED Year) (Hour) Year) otten eased alive	giving Ihe (C) UTING O THE FOR WHICH OPERATI 218, PLACE OF INJU home, loim, foctory, etc.) 21E, INJURY OCCU While At Work ded the deceased fr	URY (e.g., in or obe, street, office bld	AUTOPSY? (Yes of No.	O 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore) URY OCCUR?	FINDINGS CONSUSES OF DEATH	IDERED? Iocotion) 19 urred an the a
MEDICAL C	DISEASES OF THE PROPERTY OF TH	osthenia, etc. It mplicolion which can in the course of the condition of the course of	if any, g (A) staling I. NS CONTRIB RELATED TO NG IT. CONDITION S PERFORMED Year) (Hour) A stated aba KF	giving Ihe (C) UTING O THE FOR WHICH OPERATI 218, PLACE OF INJU home, loim, foctory, etc.) 21E, INJURY OCCU While At Work ded the deceased free on.	URY (e.g., in or obe, steet, office bld RRED Not While At Work ram Attending Phys. M.D. Attending Phys.	AUTOPSY? (Yes or No NO INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ Med. Director DRESS	ODELEROSIS 208. IF YES, WERE IN CERTIFYING CA (If in Boltiman URY OCCUR? 19	FINDINGS CONSUSES OF DEATH	locotion) 19 urred an the of the following the property of t

15 to the second of the second THE RESERVE OF THE PROPERTY OF THE PERSON OF unional Della material But the second of the second o , T * 68 - Emanded * Tree Williams

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

CD 4005	BALTIMORE CITY	HEALTH DEPARTMENT	67 4095
BIRTH NO. 67 4095	CERTIFICA	TE OF DEATH Registered	No. 4030
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH
(Type of Print) VER T. N	TANGUM	anil 35	18/715:35 8
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location)	itution, give street		
INSTITUTION		C. CITY OR TOWN IIf butside city limits, v	write RURAL and give township
44, m	(6/22 - tol	BALTIMORE	18 7
HElvion MEmoxic	7 1005	D. STREET ADDRESS (If rurol, give locotion	
	O ,	5511 Groveland	LUE
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours Min.
1 1000000000000000000000000000000000000		10 100	
10A. USUAL OCCUPATION (Give kind of work 10B, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	-2- in ah	MAKYLAND	USA
13. FATHER'S NAME	FINING CO.	14. MOTHER'S MAIDEN NAME	0377
. /	/		110000
OLIVER CURSHINGTON		LIELIE MOE	MANEY
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or upknown) (If yes, give wor or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
16	216-05-2359	CATHERINE MANG	UM SAME
18, // 2 V 1	CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(?	excinoma of hung	g ? months
(This does not mean the mode of dying	, e.g., DUE TO		T
heort failure, asthenio, etc. It means the d injury ar camplication which caused death			
ANTECEDENT CAUSES	4.80		
DISEASES OR CONDITIONS, if ony,	DUE TO		
rise la lhe obove cause (A) statin	g the (C)		
UNDERLYING CONDITION Iosi.			
11			
OTHER SIGNIFICANT CONDITIONS CONTR			
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ш ч		100	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	timore City, give exact lacation)
DEATH (notify medical examiner)	etc.)		
OF INJURY (Month) (Doy) (Year) (Hou	17) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work At Work	e	
22 1 - 15 1 - 10 (1) (15 - 1 - 1 - 1) - 10		200	25:1 35 1067
		Phil 15 1967 10 CZ	
that (I) (we) lost sow the deceased ali		19 ond that in (my) (our	opinion deoth occurred on the d
and hour and from the causes stated ab	ove. (1) (We) (did) (did not)	lew the body ofter death.	
23A. SIGNATURE			23B, DATE SIGNED
1 7/1/7	0 -11		
- francisco ()	M.D. Att. Phy	ending Med. Stoff s. Director Phys	4/25/67
23C. PHYSICIAN'S	Phy	ending Med. Stoff s. Director Phys 23D. ADDRESS	4/25/67
23C. PHYSICIANS NAME (Type)	Phy	s. Director Phys	4/25/67
A second	M.D.	23D. ADDRESS (Non Momor	4/25/67
23C. PHYSICIAM'S NAME AType) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	Phy	23D. ADDRESS (Non Momor	(City, town, (County) (Stote)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 4-28-67	M.D. 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION BALTO, 1	nd
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 4-28-67	M.D.	23D. ADDRESS (Non Momor	(City, town, b county) IStotel
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 4-28-67 25A. DATE REC'D BY HEALTH DEPT. 25B. N	M.D. 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION BALTO, 1	nd
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 4-28-67	M.D. 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION BALTO, 1	nd

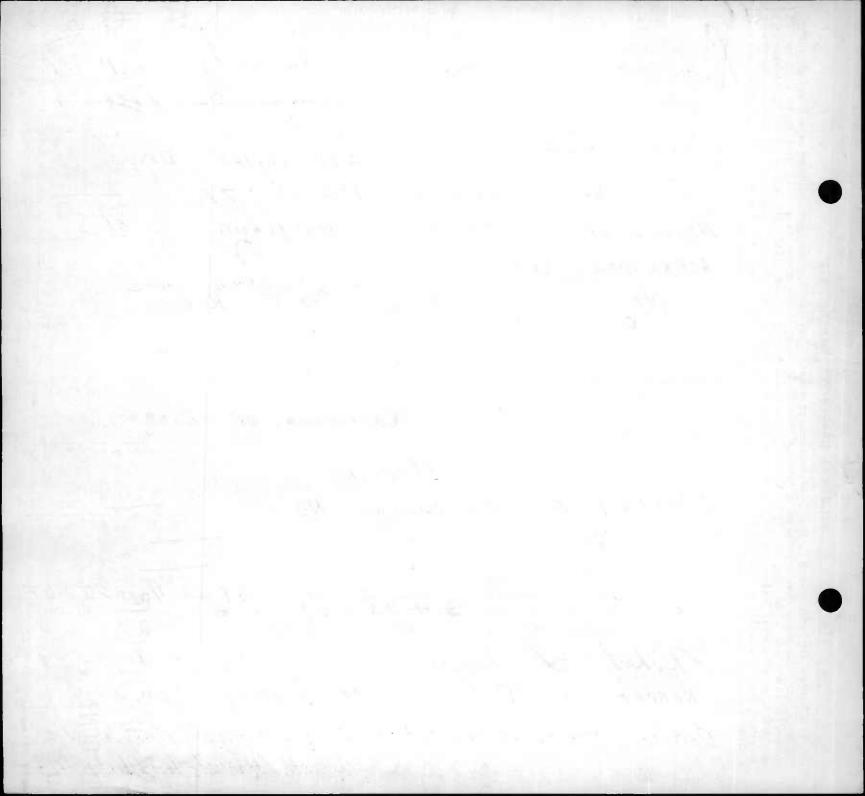


BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No.



eceased o

VS 150-REV. 1/1/65

Was

shows: Ö

of death Deceased

cause

hospital

O

the

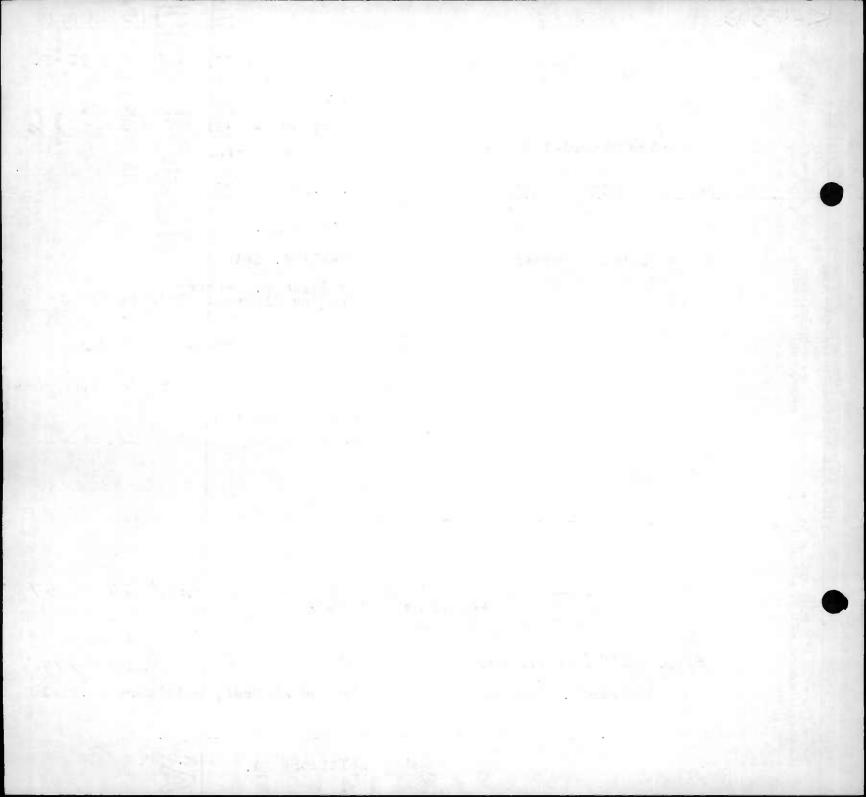
death.

LO

ance

ADDRESS

268. NAME OF REGISTRAR



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

BALTIMORE CIT	Y HEALTH DEPARTMENT	CM AGOG
BIRTH NO. 67 4038 CERTIFICA	ATE OF DEATH Registered No.	67 4098
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
(Type or Print) Ruth N. Hensell		96714:40 7
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in	96 J. 7. 70 7
	A. STATE B. COUNTY	-
FULL NAME OF (If not in haspital ar institution, give street	Maryland	
HOSPITAL OR address or lacation) INSTITUTION	C. CITY OR TOWN (If autside city limits, write	RURAL and give township)
Maryland General Hospital	Baltimore	1000
They was section in the	D. STREET ADDRESS (If rural, give location)	
48	1923 St- Paul ST	,
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Manths Days Haurs M
WIDOWED, DIVORCED (specify)	05/10/97 lost birthday)	Manths Days Haurs M
DA. USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF
ane during mast al warking lite, even if retired)	W, Va.	WHAT COUNTRY?
Orillpress Oper. Jeroder- May Corp.	vo, va.	U.S.A
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Barrett		
. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT	ADDRESS
'es, na ar unknown) (If yes, give war or dates of service) SECURITY NO.	Arthur Hensell	Sine
No 214-09-6451	(50h)	me
18.4-20,01 CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	TISPER BUSPEN	OHSEL AND DEATH
LEADING TO DEATH	TERWS CUEROJU	
(This does not mean the made of dying, e.g., DUE TO) heart failure, osthenia, etc. It means the disease,	TEARLY DISCARE	
injury or camplication which coused death,)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, il any, giving		
rise to the above cause (A) stating the (C)		
UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING IT.	TAX	
2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
WAS PERFORMED	73 44	
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in ar obout 21C. WHERE DID (If in Boltimon office bldg., INJURY OCCUR?	e City, give exact lacation)
DEATH (natify medical exominer) etc.)		
21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(ABBROY) While At Not Wh		
Wark At Wark		
22. I certify that (1) (this haspital) attended the deceased from	April 24 196/10 A	pr. 124 195
that (1) (we) last sow the deceased alive on ptil 24	19 67 ond that in(my) (our) opi	nion death accurred an the
ond haur and fram the causes stated obave (1) (We) (dtd) (id nat)		
23A. SIGNATURE		23B. DATE SIGNED
1/2 / // // M.D. AI	staff Med. Staff	4/201/100
1. prehave Jours	ys. Director Phys.	1/24/67
23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS	, ,
W. Michael Gould, M.D.		
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (C	ity, town, or county) (Sta
REMOVAL (Specify)	Hogorotous Me	1
4/28/67 Rest Haven Cemet SA. BATE RECO BY HEALTH DEPT. 258. NAME OF REGISTRAR		
SA. DATE RECO BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
APR 2 6 1951 102 16 15 2 150 16 16 16 16 16 16 16 16 16 16 16 16 16	Wm. Cook-Brooks, Inc. 12	217 St. Paul St.
/S 1S0-REV. 1/1/6S	0 1 1 0 0	

District A STA Mary land Coursel Hargertel Ballines 1923 St. Mart ST - dend special 5/10/42 74 W. Par. Charles Brandt Marian word 12 12 1-14 13 42 1-44 2 1-44

Such

	1000	BALTIMORE CITY	HEALTH DEPARTMENT		CD 4000
2	PRTH NO. 67 4U99	CERTIFICA	TE OF DEATH	Registered No.	67 4899
	I. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	1
	(Type or Print) JOHN CO	MATNEY	4	124/67	1230 AM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If insti	itution: residence before admission)
	FULL NAME OF (If not in hospitot or institut	ion, give street	MARYLK	CICH	,
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write RU	JRAL and give (ownship)
01	22mores Kon		D. STREET ADDRESS (If re	orol, give to cotion)	40/
9	37 Mercy Hosp.		115 20.	MULBER	ing St.
	S. SEX 6. RACE 7. MARE	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	MATE WATE	SINGLE	8/24/00	67	
	done during most of morking life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTAPLA CE Stote or foreig	n country?	12. CITIZEN OF WHAJ COUNTRY?
	. WAITER		111A55.		USH
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	I.E	
•	John Country		MARY	?	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknawn) (If yes, give wor ar dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	unishown	376-05-1644	MRS. VIRGINIA BE	EARD 115 W). Mulberry St.
	18.002 / N-38/	CAUSE O	F DEATH		ONSET AND DEATH
į	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DACT	301A7 MOUN	MANITTS	< 4days
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise		- POSS AC	TIVE TBC	1
	injury or complication which caused death.)	C/A	FAT AS	1/Ali	Che
	ANTECEDENT CAUSES	DUE TO	1	0196	J. L.
	DISEASES OR CONDITIONS, if any, gi		Lanei's Ces	relie of	- 210
	UNDERLYING CONDITION last.	MRS	T. PULLIN T	218EA82	= 912
	Z II	17110			7
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes, or No)	20 B. IF YES, WERE FIT	NDINGS CONSIDERED SES OF DEATH?
	WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED	21 B. PLACE OF IN URY (e.g., in home, form, factory street, at	esp Ventrago	// P-16	City, give exact location)
	ON CONTRIUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, at	fice bidg., INJURY OCCUR?	ti in boninoie	ony, give exoct loconom
	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
	OF INJURY (APPROX.)	While At Not While		A	
		Work At Work	Jan 1 2/	60 An	11/20/17
	22. I certify that (this haspital) attend	001	1/10 6 7 / 11	0 10/1	190/.
	and how and from the couses stated above	- /		(our) opini	an deoth occurred an the date
	23A. SIGN ATURE	e.egy (we) (ald) (are-	lew the body offer deoff.	. /	23B, DATE SIGNED
	18-11. \$2a	Phy	S. Director F	Stoff Phy s.	4/24/67
	23C. PHYSICIAN'S NAME Type	TONIO EMO	230. ADDRESS	Homen	2//
	24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	, town, or county) (State)
	REMOVAL (Specify)				

7 Loudon Park Cemetery Baltimore,
258. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR
25C. FUNE

ADDRESS

1217 St. Paul St.

Inc.

4/27/67 DEPT. |2

1967

APR 26

VS 150-REV. 1/1/65

3-21 BIRTH NO. BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 4100

M.E. CASE NO.							
1. NAME OF DE	CEASED				2. DATE AND H	OUR PRONOUNCE	D DEAD
7,00 01 11110	7	VILLIE J	. JACOBS		4-24	4-67	5:55 PM
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOU	JNCED DEAD	4. USUAL RESIL A. STATE Marylan		eased lived. If insti B. COU	tutian: residence before odmiss
HOSPITAL OR	(IF NOT IN HOSP ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	WN (If outside co	orporote limits, write	RURAL and give township
Cumer	HOME AND HO	ר אידעסר	DOA	Baltime	Ore DRESS (If rurol, giv	(a lacatan)	1-00
CHOKCE	I HOFIE AND IN	DELITYT -	DOA		Baltimon		21231
5. \$EX	6AMErican	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr, If Under 24 I
Male	Indian	Marr:	DIVORCED(specify) ied	April 2	9, 1941	lost birthdoyl 26 25	Months, Doys Hours Mi
	UPATION (Give kind of w working life, even if retired		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign c	o untry)	12. CITIZEN OF WHAT COUNTRY?
Painte			int Company	North C	arolina		U.S.A.
3. FATHER'S NAM	ΛE			14. MOTHER'S N	AAIDEN NAME		
Henry	Jacobs			Martla	Clark		
15. WAS DECEASE	D EVER IN U.S. ARM		16, SO CIAL SECURITY NO,	17. INFORMANT		•	ADDRESS
No				Biggs Fu	neral Hom	e Lumbert	on, North Carol
18.	S O X	- 18	CAUS	E OF DEATH			INTERVAL BETWEE
DISEA	SE OR CONDITION	DIRECTLY					ONSET AND DEAT
	LEADING TO DEA	ľΗ	Gun	shot wound	s of head	and abdom	en
(This does	nat meon the mode , osthenio, etc. It meo	of dying, e.g.,	DUE TO	*********************			***************************************
injury or co	mplication which couse	d deoth.)					
	ANTECEDENT CAUS	SFS.					
DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)				
RISE TO TH	IE ABOVE CAUSE (A)	STATING THE	501.10				
			(C)				
5	11						
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19A. DATE OF	POPERATION 198. CO		WHICH OPERATION	Yes	Y? (Yes or Na) 206	CERTIFYING CAUS	IDINGS CONSIDERED
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7			Home			Ltimore St	reet /-00
OF INJURY		2:30	1E. INJURY OCCURRED		OW DID INJURY	OCCUR?	
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22. I cer	tify that I held an	Inquiry _	Inspection A	tapsy X an	d that an this b	asis, death in m	y apinian
resu	Ited fram: Natural c	auses A	ccident Suicio		-55	etermined manne	
	,				EDICAL EXAM		
ACTUA		. 0 1	7-11-	A THATSISTANT N			DATE SIGNED
SIGNAT		us 1	(M. C		MEDICAL EXAM		4-25-67
NAME (R U. SPIT	Z.M.D.	ASSOCIATE	MEDICAL EXAM	AINER	4-23-07
3A. BURIAL CRE	MATION, 23B. DATE		C. NAME of CEMETERY	or CREMATORY	23 D. LOC	ATION (City,	town, or county) (Stote)
REMOVAL (Specif Burial	4-29-	.67 T	acobe Family	Comotory	Poho	son County	North Carolin
	BY HEALTH DEPT,		acobs Family of REGISTRAR		RAL DIRECTOR	Son County	ADDRESS
	APR 2.6 1967	12000	2, FalleyAA	Wm	Cock-By	Pocks. Inc	12175+ PAU
VS 151-REV. 1/1/	65 A / C	1 1 1 1	1 "1 13 -	1007-1.1			Davis A
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The Proper work Code Backs Time Buch St. D.

			BALTIMORE CITY	HEALTH DEPARTMENT		00 4404
BIRTH NO.	67 4101		CERTIFICA	TE OF DEATH	Registered Na	67 4101
M.E. CASE NO. 1. NAME OF DECE (Type or Print)	William Ale	exander	Goudreau	2. DATE	AND HOUR OF DEATH	10:35 A M
3. PLACE OF DEA	TH IN BALTIMORE, MA	ARYLAND			Where deceased lived. If in:	stitution: residence before odmissian)
FULL NAME OF	F (If not in hospital address or location		give street	Michiga		UPAL and give township)
US Publi	c Health Ser	vice Ho	spital	Box 14		- 19
	c. Drive & 3			D. STREET ADDRESS Guilli	(If rural, give location)	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 His.
M	W	1	Married (specify)	8/11/98	lost birthday) 68	Months Doys Hours Min.
done during most of w	PATION (Give kind of wor vorking life, even if retired) Lighthouse	Light H		11, BIRTHPLACE (State or Mich.	foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAM				14. MOTHERS MAIDEN I		r
	Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS
yes	USA 1918	es of service)	379-10-6830	Records- US	PHS Hospital	, Balto, Md.
18.20/	XI		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)	ritonitis		Days
heart failure, injury ar com	at mean the mode of osthenio, etc. It means plication which caused ANTECEDENT CAUSES	s the disease, d deoth.)	DUE TO RI	uptured colon		Days
DISEASES O	R CONDITIONS, if obove cause (A) CONDITION last.	ony, giving	DUE TO	odgkin's disea	se	Years
E TO THE DE	II FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING	ATED TO TH	G E			
19A. DATE OF		NDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE P	INDINGS CONSIDERED JSES OF DEATH?
OR CONTRIBU	TING CAUSE OF	21B. hom etc.	ne, farm, foctory, street, at	or about 21 C. WHERE DIE fice bldg., INJURY OCCUR	(If in Boltimore	City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	Whi	INJURY OCCURRED		INJURY OCCUR?	
22	shee (I) Nobie hassies	Wo Wo		Mar. 22	1667 . AT	or, 24 19 67
	last saw the deceas					nian death accurred an the date
/			/ ////	iew the bady after dear	•	
23A. SIGNATU		00				23B. DATE SIGNED
Me	elecel 6.1	Celej	Phy		Stoff Phys.	4/24/67
NAME (Ty	rs (pe) W Pologo	m SA Si		23D. ADDRESS	oitol Doll.	2.52
24A. BURIAL CREA	MATION, 248. DATE		AME of CEMETERY OF CRE		pital, Balto,	Md. ly, town, or county) (State)
REMOVAL (S	4-29-67				ANISTIQUE	MICHIGAN
BURIAL 25A. DATE REC'D	BY HEALTH DEPT.	the same of the sa	IRVIEW CEMETER	25C. FUNERAL DIRECT		ADDRESS
	DOC 4007		E Falley MA	Wm. Cook-Broo		217 St. Paul Stree
VS 150-REV. 17178	*	Harry Co	7000	4 1 0	0	

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Medial E. Pleza

		O Imi	4409		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH M.E.	NO. CASE NO.	67	4102		CERTIFICA	TE OF DEATH	Registered Na	67 4102
1. NA	ME OF DEC	_	ntonio	Carrar	10		and hour of death	7:10 A M
3. PL	ACE OF DE		MORE MAR				here deceased lived. If in	stitution: residence before admission)
HC	LL NAME C		in hospital a ss or facation)	r institution,	give street	Mary land		RAL and give township)
	STITUTION	ia Haal	th Serv	rice Ho	eni tal	Baltimor		10-03
1 3			e & 31s		-	D. STREET ADDRESS 718 S. B.	(If rurol, give locotion)	1997
5. SEX	M	6. RACE		Div.	, NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH 2/28/06	9. AGE (In years tost birthdoy) 61	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		working lile, ev		08. KIND O	Seafarer	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FA	THER'S NA	Louis	Carrano)		14. MOTHERS MAIDEN F		
15. We (Yes, n	o or unknowr	Ever in U. S n) (If yes, give USN	1922-19 1940-1	34 ervice)	16. SOCIAL SECURITY NO. 049-03-1108	Records US	PHS Hospital	, Balto, Md.
	1. 4 9	ZXI			CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CON	DITION DIRE	CTLY	Br	conchopneumoni	a	Days
h	eart failure,	asthenia, el	e made of a c. It means t nich caused a	he disease		Atelectasis		Days
		ANTECEDEN			(B) DUE TO			
ri	se ta th		IONS, if a cause (A) ON last.		(C)			
ATION	TO THE D	EATH BUT	IDITIONS CO NOT RELAT CAUSING IT.	ED TO TH	G	tritional cirr	nossis	Months
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	/		is hospital) ne deceased		he deceased fram Apr. 23	Apr. 13		pr. 23 19 67 nian death accurred an the date
a	nd haur an	d fram the c	auses state	d abave. (1)/(We) (did) (di/d/n/6)/) v	lew the bady after deat	h.	
23	741	JRE O	001	2	,			23B, DATE SIGNED
23	CIPHYSICIA NAME (1	ael a	or les	eza	Phy	s. Med. Director 23D. ADDRESS	Stoff Phys.	4/24/67
			Pelczar	, SA S	Surg (R) M.D.	US PHS	Hospital, Ba	lto, Md.
24A. I		MATION, 24			AME of CEMETERY of CRE	MATORY 24D	LOCATION (C)	ly, town, or county) (State)
Ви		BY HEALTH	1/27/67	St	Michael"s Ce	metery B	ridgeport, Co	nnecticut
25A. I	DATE REC'D	PR 26	1967	D P	OF REGISTRAR			ADDRESS 17 St. Paul St.
VS 15	0-REV. 1/1/		1301	or see 1)	2, 1000 Strong	O d	0	I/ St. Fadi St.

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Strais S		IRTH NO. A.E. CASE NO.		TE OF DEATH	Registered Na	67 4103	
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FULL NAME OF INSTITUTION Of the period of th	Ш	1/1K1A 27 M.	Straus		4.23.67	4 6 M.	
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S. SEE O. BACE MARRIED, NEVER MARRIED D. South & Co. of J. Williams Doys Whose Mains Main		HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outs	side city limits, write RUI	CAL and give townships		
SEE S. BACE MARKELD, NOVER MARKELD MUDDED NOVER MARKELD NOVER MARKEL		Ha DINAL		D. STREET ADDRESS (If r	rutal, give location)	01-12	
ANJUAL OCCUPATION (Gire kind of work) life. KIND OF BUSINESS OR INDUSTRY II. BIRTHRACK (Subs or foreign country) TO JUAN SECONDARY MAY COUNTRY WHAT		T					
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VS 150, 854 1/1/28 PR 26 1967 (1) Q & S 2 1967 (1) Q My (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		DALE REC D BT HEALTH DEFT. 258. NA	VIE OF REGISTRAR	7 / 1 T	48.	Bullo. Iha	
	Į	APR 26 1967 (C. C.	JE & WASHINGTON	wmp./who	me son	nortura.	



This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or co shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the dece
7 7 8 6 1

1-250	Ъ	CM AAOA	BALTIMORE CITY	HEALTH DEPARTMENT		City	4404
2002		RTH NO. 67-870264104	CERTIFICA	TE OF DEATH	Registered No.	67	4104
= = = = = =	M 1,	N.E. CASE NO. NAME OF DECEASED			HOUR OF DEATH		
		PLACE OF DEATH IN BALTIMORE, MARYLAND	j	4	-9-67	4	A M.
	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		tution: residence be	fore odmission)
hosp ise (5)		FULL NAME OF (If not in hospital or institution, giv-	e street	MD.			
a hos cause se; (5)	L I	HOSPITAL OR oddiess or location)		C. CITY OR TOWN (If outs	ide city limits, write RU	RAL ond give town	iship)
c 52.	10	&UNIVERSITY HOSP		D, STREET ADDRESS (If in	urol, give location)	10	2º Omber
77.2	0	UNIVERSITY MOST		SIL NEWI	NETON.	AVE, 2	1217.
ath occurred in contributing determined can be obtained and other can	5. mad	SEX 6. RACE 7. MARRIED, N WIDOWED,	EVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH . 9	AGE (In years ost birthdoy)	If Under 1 Yr. If Months Doys Ho	Under 24 His.
9000	- I	DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11, BIRTHPLACE (Stote or foreig	in country)	12. CITIZEN OF WHAT COUNT	TRY?
8 - 5 - 7	i oit	BABY		BALTO.	MID.	US	5-1
octo	SO 13	3. FATHERS NAME		14. MOTHERS MAIDEN NAM PATRIC	NE .		
	. 47	MICHAEL JONES) "	PATRIC	cia Lo	GAN	
TAN: istant the di kind; death	15 Y	o, Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
ORTANT assistant if the dir ny kind; (final			U. H. chie	111344	760	
IMPORTANT In his assistant Also, if the dir of any kind; (0	18. 762,51	CAUSE O	F DEATH		INTERVAL ONSET AN	BETWEEN D DEATH
AP his lso, of a	P	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	•	Throng we a	Laco duse,	36	1.5.
0 4 5 5 6	0 1 5 5 5	(This does not mean the mode of dying, e.g.,	DUE TO			3 42	
DR: iner actu		heart foilure, osthenio, etc. II means the disease, injury ar camplication which coused death.)					
6 francis	E	ANTECEDENT CAUSES	(B)	British dalah dalah dari da maraksish warteri deris dari deris da mata dari da dari di dirik di di di di di dari da dari dari	qualitati di di di masarangkalima ansara na anapapapapan na mi na apanapangani serina apapapangani		
Xam Kami A fr		DISEASES OR CONDITIONS, if ony, giving					
DIRECTOR cal examine al examine s; (3) A fract cian who pr	-	rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)		9 99 9 90 90 90 90 90 90 90 90 90 90 90		***************************************
L D dica	9.5	11	1				
RAL DIR medical medical e bunis; (3		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Pre	usturity.		75	
ef m me me dy bu	0	DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Fes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDER	RED
FUNERAL DII		WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?	
# the control of the	20	21A. ACCIDENT WAS UNDERLYING 21B, PL	ACE OF INJURY (e.g., inform, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(ff in Boltimore C	City, give exact loc	otion)
FI by the pital b rre; (2) where		DEATH (notify medical examiner) etc.)					
	ned		NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
0 0 0		(APPROX.) While Work	At Not While At Work				
the	opt	22. I certify that A+ (this haspital) attended the	deceosed from	4.1	9 <u>6.7</u> to	17	19 47.
of of o	pe,	that [4] (we) last saw the deceased alive on			t in (my) (aur) opinio	on deoth accurre	d on the date
st be a assed to dent of bespital	must	and hour and from the causes stated above. (1) (23A. SIGNATURE	(We) (did) (did not)	view the body after death.			
7 6 0 -	_	Ul Dentu Free	M.D. Are	ending Med. S. Director		3B. DATE SIGNED	-7.
E 0 0 n +		Co- Cest 1 1 1	Phy	23D. ADDRESS	Stoff Phys.	1	/
was r An a	0.0	23C. PHYSICIAN'S NAME (Type)	M.D.				
		Albert M.Gordon 44. BURIAL CREMATION, 24B. DATE 24C. NAM	AE of CEMETERY OF CRI	EMATORY 124D- LO	CATION On fCity	town, or equinty	(Stote)
7 00 Q 7 0 0 Q	L L	REMOVAL (Specify)		PAINTA I OTTA II		CCSIO	101
This cer the bod shows: was D.(Aritten ag	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C FUNERAL DIRECTOR	710	ADDRI	ESS .
This of the bashow was	3 3	ADD 9 & 1007 D D Back	Talley 14	MORTU	ARY SERV	CF R	CHD
		S 150-REV. 1/7/83		9 4 1 2			

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH Such (5) Deceased of death M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 0 3-28-67
4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH IN BALTIMORY MARYLAND hospital death. ance A. STATE COUSE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) cause; 9 attend ø occurred in contributing prior (If rurol, give location) is made. Undetermined in regular 9. AGE (In yeo) If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. Hours Min. B. DATE OF BIRTH deceased WIDOWED, DIVORCED (specify) 28-67 Male Negro Never married 3-28-67

10A. USUAL OCCUPATION (GF kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

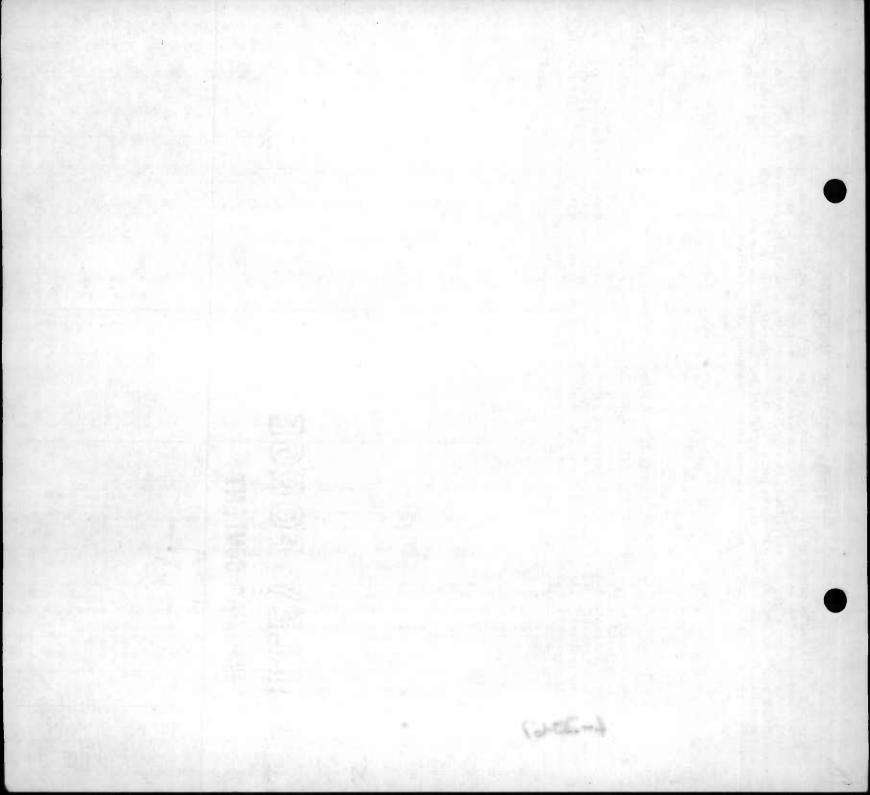
13. FATHERS NAME death disposition USA Balto M Was the 3 0 death 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS or final (Yes, no or unknown) (It yes, give wor or dotes of service) SECURITY NO. attendance any pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, the chief medical examiner regular injury or complication which coused deoth,) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving 3 rise to the above couse (A) stating the physician before the remains UNDERLYING CONDITION IOSI. **SDA** medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 8 WAS PERFORMED None 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital å MEDICAL DEATH (notify medical examiner) any nature; be obtained (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and 22. I certify that # (this hospital) attended the deceased fram 12 2m 3-281967 3-29 1967 5-2819 67 that 🎒 (we) last saw the deceased alive an... and that in (aur) apinian death accurred an the date of death) hospital and have and from the causes stated above. (We) (did) (did not)-view the bady after death. he body was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Med. Director 0 approval 0 23D. ADDRESS 23C. PHYSICIAN'S prior ā NAME (Type) shows: (1) An IEV mDM.D. Edward D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) eceased SD 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

with the mountly El TO interior of POP 6-35-23 Male Niegeo Never morred Em still ENT Shower Francy twoid Premitere Inlant Will OW BENEFIT LIET FA SA-E APP AS To 8x-2 om which Kuling me E-21-32-2 W Edward J. Ruley me Unwenty Hospth 5-05-6

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased6 was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

67-6354		BALTIMORE CIT	Y HEALTH DEPARTMENT		00 4400 /
BIRTH NO. 67 4106		CERTIFICA	ATE OF DEATH	Registered No.	67 4106 L
M.E. CASE NO. 1. NAME OF DECEASED			2. DATE AN	ID HOUR OF DEATH	1
(Type or Print) OVERBY	BABY G	IRL.	3.31	. 67.	1.00 P.M.
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If	institution: residence before admission)
FULL NAME OF (If not in hosp	oital or institution	, give street	c. CITY OR TOWN (If all	land.	
HOSPITAL OR oddress or loc					
UNIVERSITY HOSPI	ITAL NE	MARWAND	Baltsi	rurol, give location)	12-04
20		MINYLAND.	1		
SEX 6. RACE	7 AA ADDIE	D, NEVER MARRIED		elay St. 9. AGE (In years	If Hadas 2 Vs. If Hadas 26 Hes
F. NEGRO	WIDOW	ED, DIVORCED (specify)	3 29.67.	lost birthdayl	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
NEWBORN.		IEWBORN .	LIGHTER SITY HO	SPITAL BALL	
3. FATHER'S NAME			14. MOTHERS MAIDEN NA		
JAMES OVE	RBY		DELORES 3	FINCH	
5. Was Deceased Ever in U. S. Armed res,na or unknown) (If yes, give war or	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es,na or unknown) (If yes, give war or	dotes of service)	SECURITY NO.			
18. 100		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY				ONSET AND DEATH
LEADING TO DEA		(A)	In maturity ne	whom the	crocke. 38 hr.
(This does not mean the made		DUE TO	- 		
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)				
ANTECEDENT CAU	ANTECEDENT CAUSES (B)				
DISEASES OR CONDITIONS, if any, giving					
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.				222424074407460066000	
OTHER SIGNIFICANT CONDITION	S CONTRIBUTI	NG			
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSIN	RELATED TO 1				
19A. DATE OF OPERATION 198.		WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 198. 6 WAS		_		IN CERIFFING C.	AUSES OF DEATH:
21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	IG 21	B. PLACE OF INJURY (e.g., ome, form, foctory, street, c.)	office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion!
O 21D. TIME (Month) (Doy) (Y	eor) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	W	/hile At Not Wh	nile	11/23	
22 5 - 25 21 4 /1 / 1 - 1 -	10 10 7	9 , 3/ 19 67.			
22. I certify that (I) (this hospital) ottended the deceased from 3, 30, 19 67 to 9, 31, 19 64 that (I) (we) last saw the deceased alive an 31 19 64 and that in (my) (aur) opinion death occurred on the ond hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death.					
P. Wasuban		M.D. A	ttending Med.	Stoff N	
	حـ	Ph	nys. Director	Phys.	3.31.67.
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	C= 0 = 1	00 F 3
7 0011 0010	BETAJUB		ANALLINA	ST. BALI	The state of the s
REMOVAL (Specify) 248. DATE	24C.	NAME of CEMETERY of C	REMATORY 24D. L	OCATION	City, town, or county) (Stote)
4	0-67		JOHNS HOP	KINS ME	DICAL SCHOOL
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	TO W.Y.	ADDRESS
APR 26 1987	RID 3 8	the bearing.	MURIUA	KY SERV	ICE - BCHD
VS 150-REV. 1/1/65	a lety many				

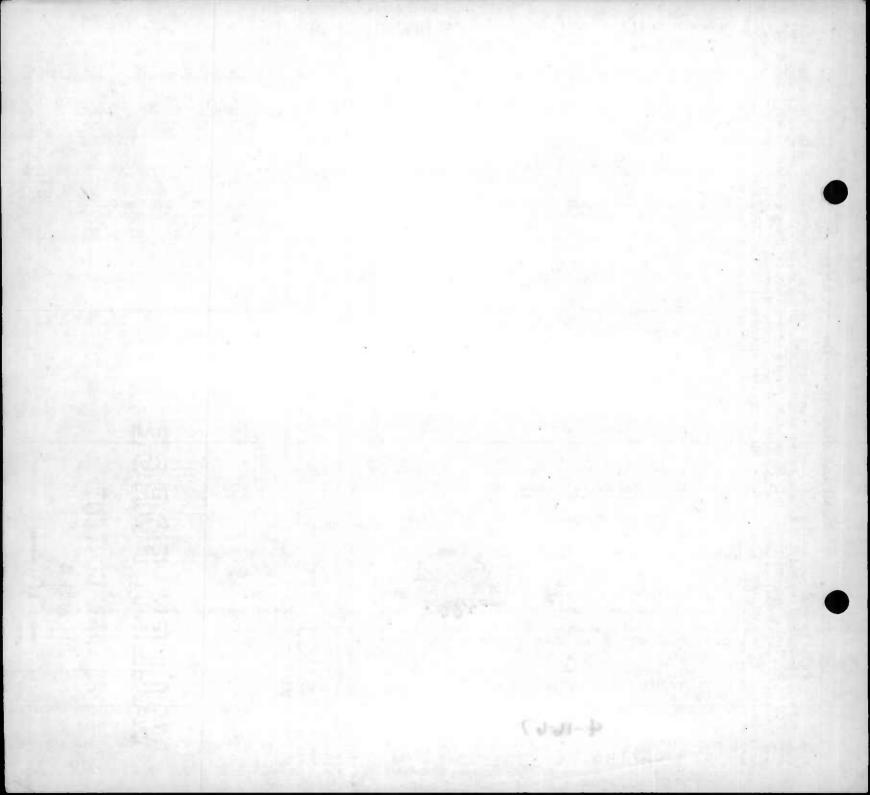


FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Such

	CON ANEND	BALTIMORE CIT	Y HEALTH DEPARTMENT		
	TH NO. 67-08237	CERTIFICA	ATE OF DEATH Registered No.	67 4107	
1. N	AME OF DECEASED		2. DATE AND HOUR OF DEATH		
(Тур	e of Print) BABY BOY BROW	u N	4-10-67	6-15-A-M	
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4-10-67 4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	nstitution: residence before admission)	
1	FULL NAME OF (If not in hospitol or institut HOSPITAL OR oddiess or locotion) NSTITUTION	tion, give street	C. CITY OR TOWN (If outside city limits, write	RURAL ond give fownship	
	Lutheran Hospital	of mod.	D. STREET ADDRESS (If turol, give locotion) 300 9 Prestman Si	7.	
5. S	EX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 His. Months Doys Houis Min.	
	MC	OWED, DIVORCED (specify)	4-10-67	1 50	
don	. USUAL OCCUPATION (Give kind of work 10 B. KIN eduring most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	(11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
			md ·	USA	
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAME		
	RONALD Levi	Brown	Pearson		
15. (Yes	Wos Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL ice) SECURITY NO.	17. INFORMANT	ADDRESS	
	1B. 226XI	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		I making	1hr. SOAin.	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which coused death,)		<i>X</i>		
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, gi	ving			
	rise to the above couse (A) stating UNDERLYING CONDITION last.	The (C)		***************************************	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION F	FOR WHICH OPERATION	20 A. AUTOPSY? WOO NO 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in at about 21C. WHERE DID (If in Boltimor office bldg., INJURY OCCUR?	e City, give exact location)	
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hous)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	+	
×	OF INJURY (APPROX.)	While At Not Whi			
	22. I certify that (1) (this hospital) attend	2	opm 4/10 1967 to 515	AM 410 1967.	
	that (I) (we) last saw the deceased alive	F/2 132 /1./	1967 and that in(my) (aur) api	nian death accurred an the date	
	and haur and from the causes stated above				
23A. SIGNATURE Attending Med. Stoff 4/10/67					
	23C. PHYSICIAN'S NAME (Type)	М м.р.	23D. ADDRESS	Himmy Marson.	
244	REMOVAL (Specify) 4-1667	C. NAME of CEMETERY of CR	UNIVERSITY ICOICA	L SCHOOL	
25 A	APR 26 1967	ME OF REGISERAN	MORTUARY SERVI	CE - BCHD	
VS	150-REV. 1/1/65	9 / 1/ 1)	0 1 1 1 5		



SALTIMORE CITY HEALTH DEPARTMENT		
	CITY	4400
A MINIED'S CEDTIEICATE OF DEATH Parishand	N.b/	4108

1-520	67 4108 BALTIMORE CITY HEA	ERTIFICATE OF DEATH Registered No.67 4108				
	M.E. CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD				
	I. NAME OF DECEASED (Type or Print) JAMES LYNCH	April 20, 1967 6:45 P. M.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
	THE NAME OF ME NOT IN HOSPITAL OR INSTITUTION CIVE STREET	A. STATE Maryland B. COUNTY				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
	∇	Baltimore 4-02				
†	University Hospital	D. STREET ADDRESS (If rurol, give location) 236 N. Pine Street				
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.				
	Male Negro WIDOWED, DIVORCED (specify)	1910 lost birthdeyd Months, Doys, Hours, Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
	done during most of working life, even if retired)	Halifax ,nN Carolina U S A				
	Laborer 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	James J Lynch	Lucy				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) NO.	Mrs Helen Lynch				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. COLUMN II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	obar and Broncho-pneumonia				
	DISEASE OF CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20 PAULOS (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes				
	Z1A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIBUTION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) UNDERLYING □ CAUSE OF DEATH. etc.)	in or about 21C, WHERE DID office bldg., INJURY OCCUR?				
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE VORY OCCUR?				
	I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion					
	resulted from: Notural couses X Accident Suicide Hamicide Undetermined manner					
	ACTUAL SIGNATURE WENT M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED				
	EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER April 21, 1967				
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)				
	Burial 4/28/67 Mt Calvary	Cemetry A A County CoMd				
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
	APR 26 1967 R. O. B. E. FalleyMA	Adolphus Halstead 1206 W porth Ave.				
	VS 151-REV. 1/1/65					

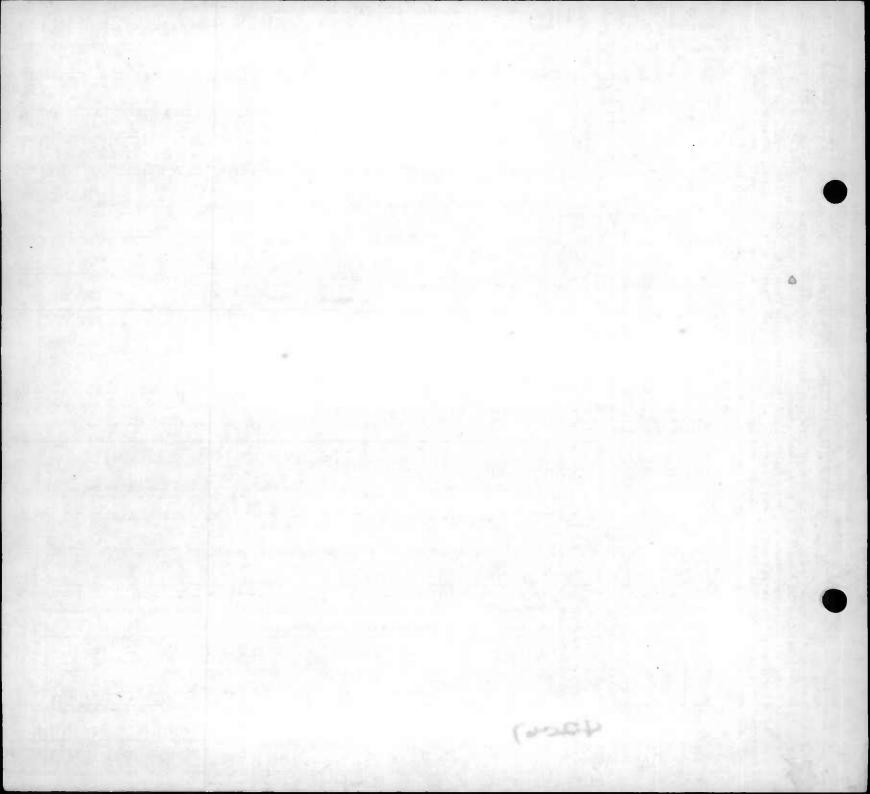
miletel W. Miller their estimate is a second contract of

whether the state of the state

238, DATE SIGNED

to the hospital be obtained approved (except and of any eath); hospital the body was released must accident must Ö 0 approval 0 prior at shows: (1) An eceased D.O. written SD This 3 Ö

22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive an ond that in (my) (aur) opinion death occurred on the date and hour and fram the couses stated above. (1) (We) ((did) (did not) view the body after death. 23A. SIGNATURE M.D. Attending Phys. Med. Stoff Director L Phys. 23 C. PHYSICIANS 23D. ADDRESS NAME (Type) M.D 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY REMOVAL (Specify) 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



Such

death.

eceased

shows: SD

of death

Decease

LO

BALTIMORE CITY HEALTH DEPARTMENT Registered Na.. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 10.30 A.M. BOY MC JILTON 4.11.67. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE BALTIMORE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 55 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) aplnian death accurred an the date; 23B. DATE SIGNED 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

dally day all Trains Ministrate Recorded ADMINISTRATION OF THE PARTY OF THE LOSS SHOWING MAKEN THE 128 Journ 24st Avenue 4.70.67 MARCE 818/75 BALN AMPRICA AND BONES LEWISC STREET ROBERT Nº JULION control amongs Benefice Desires Gendence 15th 25 DECEMBER OF . K Gold. 10/11/20

BELLEVIN WIETERSON WORLDAY TRANSPORT TO WARRY

R. SHAID

(3-81-45

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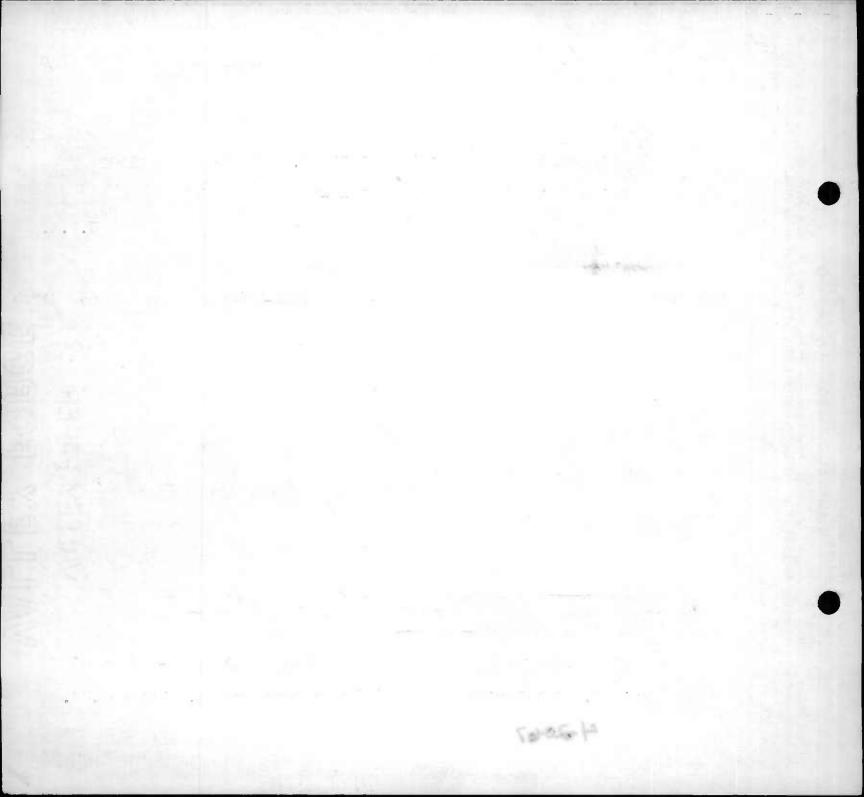
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED SANTMYER (Type ar Print 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)
A. STATE
B. COUNTY A. STATE FULL NAME OF (II nat in hospital or institution, give street HOSPITAL OR address ar lacotion) C. CLY OR TOWN (If outside city fimits, write RURAL and give Jownship) INSTITUTION University Hospital made 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Un Months Days Hours If Under 24 Hrs. 6. RACE B. DATE OF BIRTH WIDOWED, DIVORCED (specify) last birthdov) Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State at foreign country) 12. CITIZEN OF WHAT COUNTRY? done during mast of working life, even if retired) USA not known not known 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME not known not known 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. final unknown unknown Patient's record CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., E TO disease heart failure, osthenio, etc. It means the disease, injury or complication which coused death.) em XX ... Acute myocardial infarction ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. the remains Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Na) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OF INJURY (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While [(APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 2:30 AM \$ Apr 1967 to 5:25 AM 5 Apr 19 67 . that (I) (we) last sow the deceased alive on 5 Apr 67 19 and that in (my) (aur) opinion death occurred on the date and haur and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending M.D. Med. Staff approval Phys. April 1967 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS University Hospital 24A. BURIAL CREMATION, DATE REMOVAL (Specily) 20-6 PUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

Particular and the second MINISTER OF THE PROPERTY OF TH 4-20-67



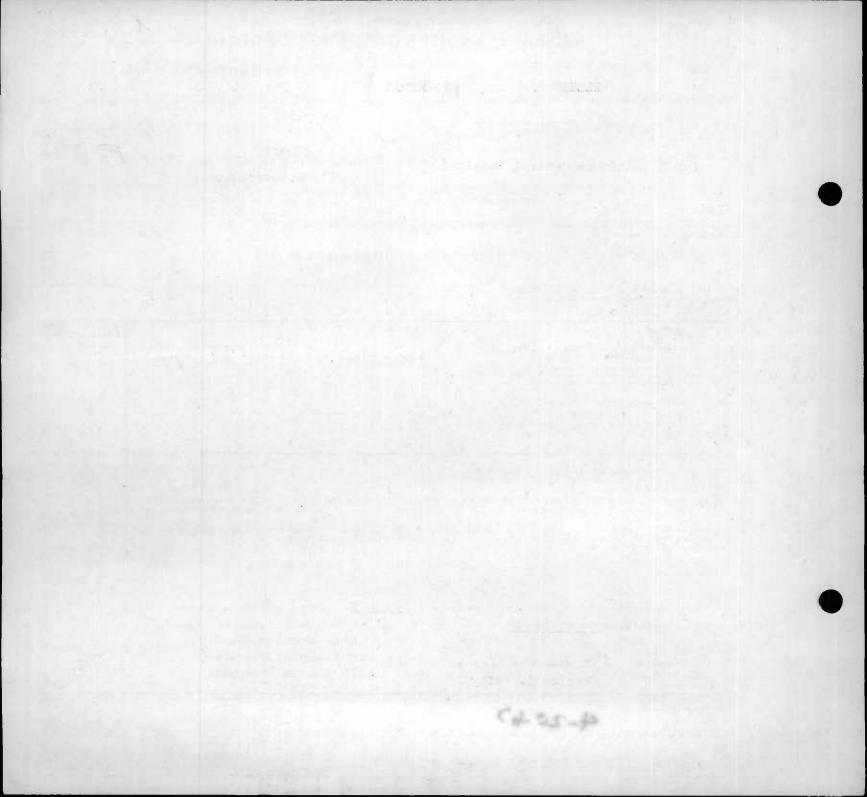
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 4113

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 4113

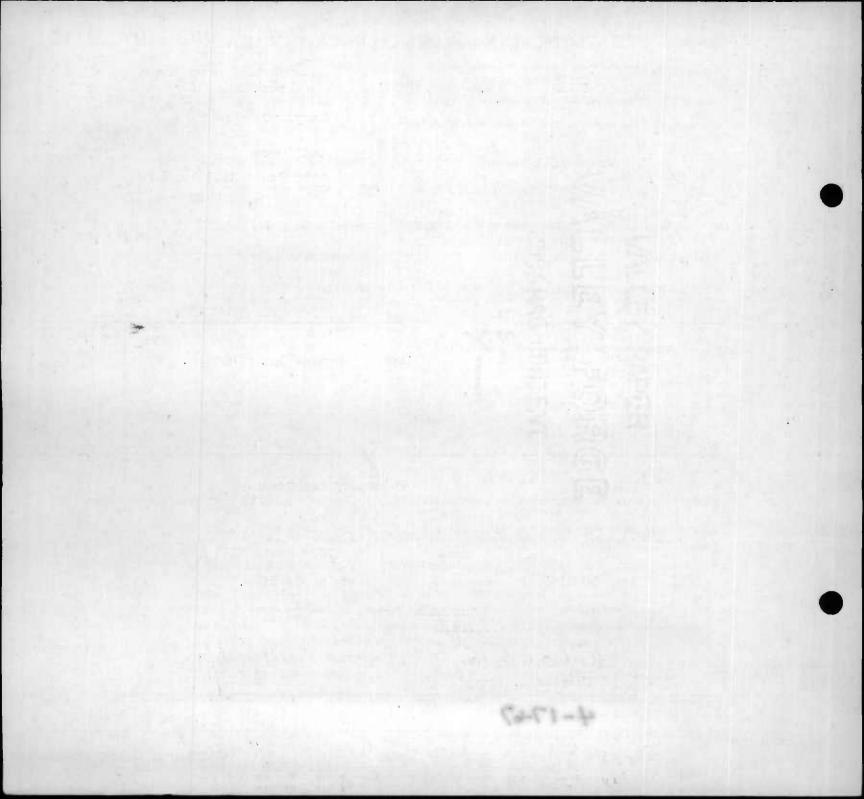
M.E.	CASE NO.							
I. NA	ME OF DECE	ASED				2. DATE AND	HOUR PRONOUNCE	ED DEAD
Type	01 111111	WILL	IE JAMES	MC CRAY	7	March	n 11, 1967	3:05 P M.
3. PLA	ACE IN BALTIA	AORE, MARYLAI	ND, WHERE PRONOU	NCED DEAD	A. STATE	yland	deceosed lived. If insti 8. COU	itution: residence before odmission) JNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR TO		corporate limits, write	RURAL and give township)		
7	South B	altimore	General Ho	spital	D. STREET ADD	RESS (If rurol,	give locotion) re Street	
5. SEX	6	RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Mal	e e	Negro	WIDO WED, I	DIVORCED (specify)			lost birthdoys	Months, Doys, Hours, Min.
		ATION (Give kind rking life, even if r		BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
3. FA	THER'S NAME				14. MOTHER'S M	AIDEN NAME		
16 144	AC DECEASED	FLOED IN II C	DALED FORGES	17.50.5141	17 INCORALANIA			ADDRESS
			ARM ED FORCES? or dotes of service)	16. SO CIAL SECURITY NO.	17. INFORM ANT			ADDRESS
CERTIFICATION	DISEASE OR CONDITION DIRECTLY				of DEATH			INTERVAL BETWEEN ONSET AND DEATH
ERTF	DISEASE OR	CONDITION CA	OT RELATED TO THE USING IT. CONDITION FOR VAS PERFORMED		20 A. AUTOPSY	(0A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
					Yes		IN CERTIFIEND CAD.	Yes
OU	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg, INJURY OCCUR? etc.)							
ő	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK							
2:	22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion							
	resulted from: Notural couses X Accident Suicide Homicide Undetermined monner C							
	ACTUAL SIGNATU	nic		//	ASSISTANT M	EDICAL EX	AMINER X	3/12/67
	HAME (T		rles S. Pet	ty	ASSOCIATE M	ALDICAL EX	AMINER [_]	THE WARREN
	BURIAL CREM DVAL (Specify)		-20 -67	C. NAME OF CEMETERY O	CREMATORY UN	23 D. LC	CATION (City,	town, or county) (Sidial)
24A.	DATE REC'D 8	Y HEALTH DEP	7. 24B, NAME	OF REGISTRAR		AL DIRECTOR	IIADW CER	ADDRESS
		ADD OC	1007 00	Ba Q Follows	LB :	-INON!	UARI SE	AVICE - BCHD

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BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Ro. 4114 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Ro. 4114 M.E. CASE NO. 1. NAME OF DECEASED WILLIE L. JOHNSON March 30, 1967 12:27 P 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD HOSPITAL OR MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF ADDRESS OR LOCATION! MATYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give formship) MATYLAND D. STREET ADDRESS (If rurol, give locasion) 2239 Druid Hill Avenue S. SEX 6. RACE MARYLAND D. STREET ADDRESS (If rurol, give locasion) 2239 Druid Hill Avenue S. SEX 6. RACE MARYLAND Negro IO. LIVER DATE OF BIRTH 9. AGE (In years in Under 2 to It Und	nission
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) WILLIE L. JOHNSON 2. DATE AND HOUR PRONOUNCED DEAD March 30, 1967 12:27 P 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSHTAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSHTAL OR ADDRESS OR LOCATION) DESCRIPTION 2239 Druid Hill Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male Negro 100. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS 18. DATE OF BIRTH 19. AGE (In yeors lift Under 1 Yr. If Under 2 WHAT COUNTRY?) WHAT COUNTRY?	nission
T. NAME OF DECEASED WILLIE L. JOHNSON 2. DATE AND HOUR PRONOUNCED DEAD March 30, 1967 12:27 P 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION 2239 Druid Hill Avenue 5. SEX 6. RACE Negro 104. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmined by the street of the street	nission 24 Hrs
WILLIE L. JOHNSON March 30, 1967 12:27 P 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET NSTITUTION 2239 Druid Hill Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Negro 10A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmit Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 2239 Druid Hill Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Negro 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	nission 24 Hrs
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) 2239 Druid Hill Avenue 5. SEX Male Negro 10A. USUAL RESIDÊNCE (Where deceosed lived. If institution: residence before odmined and the street of the stre	nission 24 Hrs
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2239 Druid Hill Avenue D. STREET ADDRESS (If rorol, give location) 2239 Druid Hill Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL 17. INFORMANT ADDRESS]	3 24 Hrs
Baltimore D. STREET ADDRESS (If rurol, give location) 2239 Druid Hill Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	24 Hrs
D. STREET ADDRESS (If rurol, give location) 2239 Druid Hill Avenue 5. SEX 6. RACE Negro Negro 10. STREET ADDRESS (If rurol, give location) 2239 Druid Hill Avenue 6. RACE Nobero Nobero Nobero Nobero 10. STREET ADDRESS (If rurol, give location) 2239 Druid Hill Avenue 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months, Doys Hours 10. STREET ADDRESS (If rurol, give location) 2239 Druid Hill Avenue 14. Mother of Birth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 65 If Under 1 Yr. If Under 2 Months, Doys Hours 2 Hours 2 Hours 2 Hours 2 Hours 2 Hours 3 Hours 3 Hours 4 Ho	
Male Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	
10A. USUAL OCCUPATION (Give kind of work of work of working life, even if retired) 113. FATHER'S NAME 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 17. INFORMANT 18. STORY OF WHAT COUNTRY?	
done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL 17. INFORMANT ADDRESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	
1B. E 9/6 0 1 CAUSE OF DEATH INTERVAL BETWOODS AND DE	
DISEASE OR CONDITION DIRECTLY	
(This does not meon the mode of dying, e.g., heart foilure, ostherio, etc. It meons the disease.	
injury or complication which coused death.)	
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	
other significant conditions Contributing to the death but not related to the pisease or condition causing it. Pulmonary Emphysema.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED	
WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?	
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING SOR CONTRIB- Discription of the boltom of the	
UTING CAUSE OF DEATH. etc.) Home 2239 Druid Hill Avenue 4	
OF INJURY OCCUR!	
m. WORK AT WORK	
I certify that I held an Inquiry Inspection Autapsy and that on this basis, death in my apinion	
resulted from: Natural causes Accident X Suicide Hamicide Undetermined manner	
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNI	ED
SIGNATURE (Carter 1 Clb M.D. ASSISTANT MEDICAL EXAMINER A 3/30/67	
EXAMINER'S NAME (Type) Charles S. Petty ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	III
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION - Citys town, los county) L. A Sign	10
UNIVERSITY MEDICAL SCHOOL	
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	
APR 26 1967 Role & E. Falleyna MORTUARY SERVICE BCHD	



67 4115	BALTIMORE CI	TY HEALTH DEPARTMENT		67 4115
BIRTH NO.	CERTIFIC	ATE OF DEATH	Registered No.	411.7
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) MOSEPH	MUS STOL	<i>i</i>	ND HOUR OF DEATH	4 154
3. PLACE OF DEATH IN BALTIMORE, MARYL	. 4 -		- 25-67	itution; residence before admis
		A. STATE B. COUR	NTY .	
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	istitution, give street	MARYLAN	atside city limits, write RU	PAI and aive township)
INSTITUTION				DI-09
117	1.4	D. STREET ADDRESS (IF	rurol, give location)	0101
Union Memorial	thosp.	1409. NOR		ROAD
), SEX 6, RACE 17,	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Months Doys Hours M
MW	MIDOWED, DIVORCED (specify)	05-28-99	lost birthdoy) 6	Willias Boys Hours
OA. USUAL OCCUPATION (Give kind of work 108	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working lite, even if retired)		THE ACTION	MARYLAND	211
3. FATHER'S NAME	14. MOTHER'S MAIDEN NA		0	
CHARLES S	STOLL			
5. Was Deceased Ever in U. S. Armed Forces	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO.			
18.	CANCE	OF DEATH		INTERNAL PRINCES
3 0 /.l		OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIREC	Du	lor. enphysen	.0.	
(This does not mean the mode of dy	ing, e.g.,		000000000000000000000000000000000000000	0444
heart failure, osthenia, etc. It means the injury or complication which caused dec				
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if ony				
rise to the above couse (A) sta UNDERLYING CONDITION lost,	ding the (C)			
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING			
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.) TO THE			
198. CONDITION WAS PERFOR		20 A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED
		NO.	III CEXIII IIII CAO.	SES OF BEATH.
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g. home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year) (H	tour) 21E, INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX)	While At Work At Wo	hile ork		
22. I certify that (1) (this hospital) a	ttended the deceased from	04-23	19 6 7 to	04-25 196
that (1) (we) last saw the deceased a	~/. 7		,	an death occurred an the
and hour and from the causes stated				
23A. SIGNATURE	above. (1) (we) (ala) (ala hat	y view the bady after deoth.		3B, DATE SIGNED
-21 L- 2	M.D. 4	Attending Med.	Stoff	4-25-6
23C. PHYSICIAN'S		hys. Director 23D. ADDRESS	Phy s.	1 = 1 6
NAME TTYDE	71001V		MEMODIAL	CDITAL
	ZARDAY, M.	THE UNION	MEMORIAL HO	JSKI IAL
REMOVAL (Specify)	24C. NAME of CEMETERY or C	CREMATORY A A SALE 24D, L	OCATION - (Chy.	town, or county) (Sto
4-26-6	7	UNIVERSITY	MEDICAL	SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 256	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	ADM CEDE	ADDRESS
APR 2 6 1967 (R)	2 b E Falley M. R.	MUKIU	AKY SEKV	CE - BCIID
VS 150-REV. 1/1/65	0 / 0 0	11199		

10-26-67

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Meadowridge Memorial

258. NAME OF REGISTRAR

BIRTH NO.

M.E. CASE NO. (Type or Print)

Burial

V\$ 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT. APR 2 6 196

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GOBRECHT, NELSON

3. PLACE OF DEATH IN BALTIMORE MARYLAND

Such

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

HEALTH DEPARTMENT
E OF DEATH Registered No. 67 4116
APRIL 24, 1967 3:00P M.
4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A, STATE B, COUNTY
MARYLAND HOWARD COUNTY
C. CITY OR TOWN (If outside city limits, write RURAL and give township)
ELLICOTT CITY D. STREET ADDRESS (If turol, give location)
112 GREENWAY DRIVE
DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs., Months Days Haurs Min.
8/31/97 69
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MARYLAND U.S.A.
4. MOTHER'S MAIDEN NAME
MARY STAYLOR
7. INFORMANT ADDRESS
ST. AGNES HOSPITAL RECORDS 21229
DEATH INTERVAL BETWEEN ONSET AND DEATH
UMONIA, RIGHT UPPERAND LOVER LOBES
NIC CONGESTIVE HEART FAILURE
CVD - PROBABLY MYOCARDIAL INFARCTO
, , , , , , , , , , , , , , , , , , , ,
20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
or about 21C. WHERE DID (If in Boltimare City, give exact location)
e bldg., NJURY OCCUR?
21F. HOW DID INJURY OCCUR?
PRIL 24 19 67. APRIL 24 19 67.
19 67 and that in(my) (our) apinion death occurred on the date
by the body after death.
23 B. DATE SIGNED
ding Med. Stoff Nys. X 04-24-67
D. ADDRESS 21229
T. AGNES HOSP; CATON & WILKENS AVES.
ATORY 24D. LOCATION (City, town, or county) (State)
ATORY 24D. LOCATION (City, town, or county) (State)
Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS
rial Baltimore, Maryland

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CD 444D	CATE OF DEATH Registered No. 67 4117						
M.E. CASE NO.	2. DATE AND HOUR OF DEATH						
1. NAME OF DECEASED (Type or Print) JANE M. MORAN	4/24/67						
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased tived, If institution; residence before admission A. STATE 8. COUNTY						
FULL NAME OF (If not in hospital or institution, give street	MD. BALTO.						
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
ST. AGNES HOSPITAL	D. STREET ADDRESS (If rurol, give location) 1231 CIRCLE DRIVE 21227						
40							
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs						
FEMALE WHITE WIDOWED, DIVORCED (specify) MARRIED	4/1/21 46						
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS							
SCHOOL CROSSING GUARD BALTO., CO.	MARYLAND USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
EDWARD LAVENDER	MARY M. ROACH						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(Iff yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
NO	AGNES D. SHAFFER 1231 CIRCLE DR. 21227						
18.4-20/1 CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
and the state of t							
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	ranay occlusion 4 hours						
heart failure, asthenia, etc. It means the disease,							
ANTECEDENT CAUSES (B)							
DISEASES OR CONDITIONS, if any, giving							
rise to the above cause (A) stating the (C)							
II							
DISEASE OR CONDITION CAUSING IT.	TOTAL						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBUTING CAUSE OF home, form, foctory, stree	.g., in or about 21 C. WHERE DID (If in Baltimare City, give exact location) office bldg., INJURY OCCUR?						
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not	21F. HOW DID INJURY OCCUR?						
(APPROX.) While At Wark At W	White Vark						
22. I certify that (1) (this haspital) attended the deceased from	22. I certify that (1) (this haspital) attended the deceased from Movember 19 1966 to Cyalay 1967						
that (1) (we) last sow the deceased alive on March							
and haur and from the couses stated above. (1) (We) (did) (did no	ot) view the body ofter deoth.						
23A. SIGNATURE	23B, DATE SIGNED						
M.D.	Attending Med. Stoff Phys. Phys. Stoff Phys. Stoff Phys. Stoff Phys. Phy						
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS						
	A.D. 3913 HOLLINS FERRY ROAD 21227						
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or county) (State)						
BURIAL 4/28/67 NEW CATHEDRAL							
APR 26 1967 Republic State of Registration of APR 26 1967	25C. FUNERAL DIRECTOR ADDRESS HOWARD H. HUBBARD 4107 WILKENS AVE. 21229						
VS 150-REV. 1/1/65	10WARD 11. HOBBARD 4107 WINGHO IVI. 21225						

the section of the 150 J. H. T. C. THE RESERVE OF SAME AND A SAME OF THE PARTY. the state of the party will be the state of

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VS 150-REV. 1/1/65

occurred in

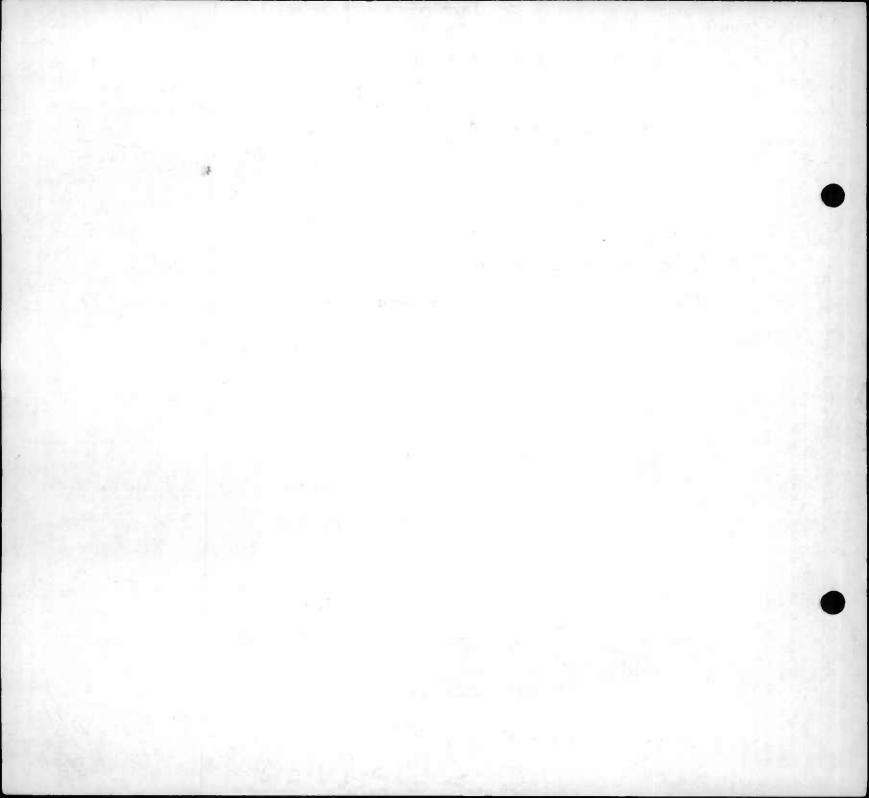
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. · if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased the M.E. CASE NO. 1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Mari ichna O 25 6 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE | Where deceased lived. If institution: residence attendance COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location OR (If outside city INSTITUTION prior D. STREET ADDRESS rural. give location is made. regular MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. deceased WIDOWED, DIVORCED (specify) lost birthday Months Doys 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) = tousE WIFE 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME death O 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no of unknown) (If yes, give wor or dates of service) ADDRESS 17. INFORMANT 6. SOCIAL final SECURITY NO. attendance -26-8146 fracture of any CAUSE OF DEATH pronounced 18. INTERVAL BETWEEN 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, regular injury or complication which coused deoth.) ANTECEDENT CAUSES who DUE are 4 DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating the 2 physician UNDERLYING CONDITION lost. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. the (2) Body 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the WAS PERFORMED where 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF to the hospital bef MEDICAL DEATH (notify medical examiner) An accident of any nature; obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except White At Not While [(APPROX.) Work At Work and 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) lost sow the deceased alive an... and that in (my) (aur) opinian death occurred an the date pe hospital death) he body was released hows: (1) An accident and hour and from the causes stoted obave. (I) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director Stoff Phys. M.D. 40 approval ō 23 C. PHYSICIAN'S 23D. ADDRESS prior ŧ NAME (Type) M.D. 4 deceased 24A, BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION was D.O. REMOVAL (Specify) written APR 2 6 19 ADDRESS 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

before admission)

If Under 24 Hrs.

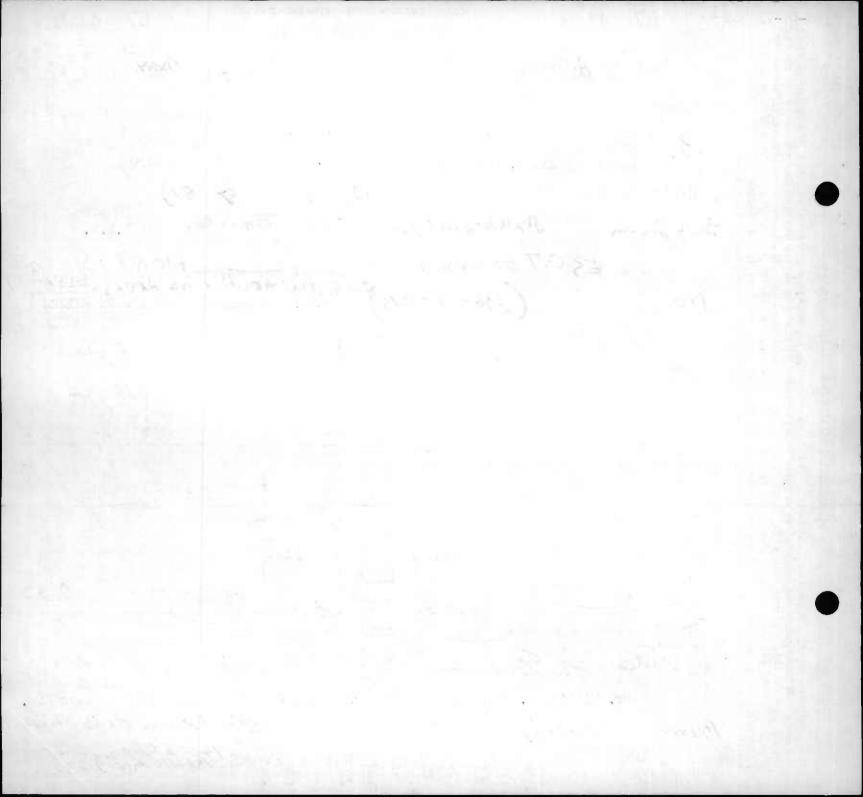
(State)

Hours



43-09-73

GG	CITY A-1-4 () BALTIMORE CITY	HEALTH DEPARTMENT
uu	BIRTH NO. CERTIFICA	TE OF DEATH Registered No. 67 4119
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE, AND HOUR OF DEATH (MOV.) 2
	(Type or Print) Clyde A, Thompson	4/24/67/1001/ P M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decodesed fived.) If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospitot or institution, grve street HOSPITAL OR oddress or location)	MARYIAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	BALTIMORE CITY HOSPITALS	BALT IMORE
	4940 EASTERN AVENUE	D. STREET ADDRESS III rurol, give focotion)
6	BALTIMORE 21224, MARYLAND	\$ W. CROSS STREET #21230
s mad	5. SEX Male 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) DIVORCED	B. DATE OF BIRTH 129-09 9. AGE IIn yeors lost birthdoy) 57 Months Doys Hours Min.
on is	dop during most of working life, even if retired) Jen 12. Jeban Popul Bog M Fgs,	Tomaco Co WHAT COUNTRY?
siti	13. FATHER'S NAME	VIRGINIA U.S.A. 14. MOTHER'S MAIDEN NAME
disposition	L. CTI	
	15 Was Decembed Free in II S Armed Forms? 116 SOCIAL	MARGARET PORTER PORT AND ADDRESS COMMENTAL ADDRE
final	(Yes, no or unknown) (If yes, give wor or dotes of solvice)	VENESSIANTER! MAS, HeLeNA AKE ADDREST (50 m)
±	18. CAUSE O	RECORDS: BCH 4940 EASTERN AVENUE #21224
0	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
ned	LEADING TO DEATH	VA
a n	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
mbalmed	injury or complication which coused death.)	4SCVD 10-10
0	ANTECEDENT CAUSES B DUE TO	
0	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)	
ins	UNDERLYING CONDITION lost.	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
e re	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
e the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY lo.g., in OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner)	n or about 21C. WHERE DID IIf in Baltimore City, give exact tacotion) ffice bldg., INJURY OCCUR?
ained	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
in a	(APPROX.) While At Not While At Work At Work	
þ	22. I certify that (1) (this hospital) attended the deceased from	2/8 1966 10 4/24 196)
pe o	that (1) (we) lost saw the deceosed alive on 4/24	and that in (my) (our) opinion death occurred on the date
st	ond haur ond from the couses stated above. (1) (We) (did) (dld not) v	riew the bady ofter deoth.
E	23A. SIGNATURE M.D. Atte	anding Med. Stoff A
proval mu	while mason Phy	s. Director Phys.
Lo	NAME (Type)	23 D. ADDRESS #21224
app	Dr. William A. Emerson M.D. 24A. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY OF CRI	Baltimore City Hospitals 4940 Eastern Ave. AD. LOSARON C. ICity, town, or county. (Stote)
	Burier aprid 7/767 Jen Javan	(100, Inc. 1001) 'W-1
written	25A. DATE REC'D BY HEALT DEPT. 258. NAME OF REGISTRAR	CURTIS E. EVANS 14005. CHANADORESS STORY 218 30
- 1	VS 150-REV. 1/1/6S	4 1 2 7



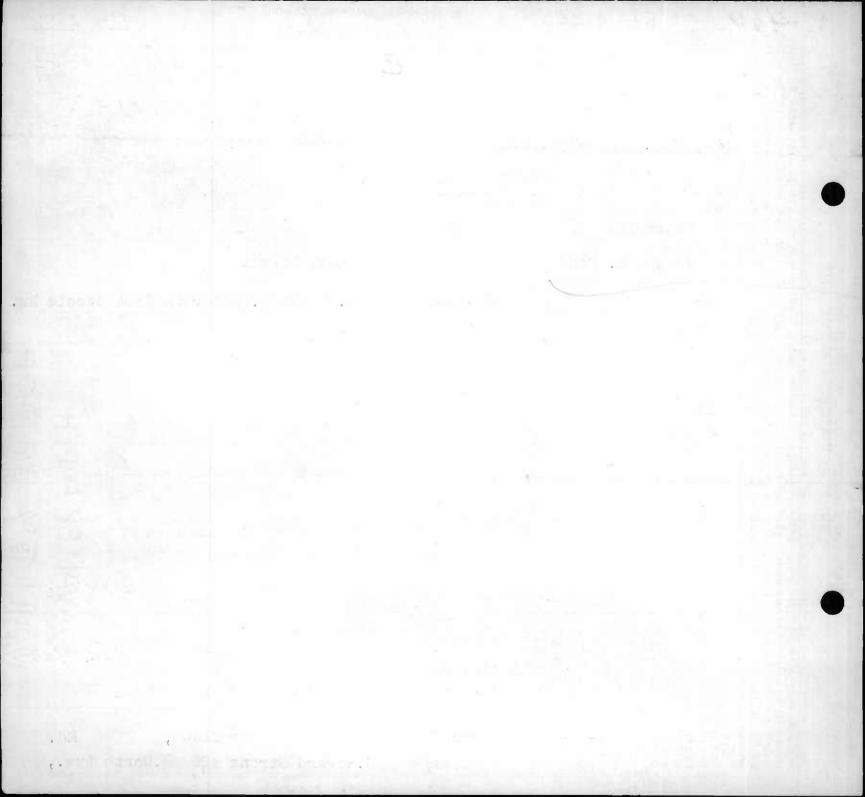
3-	21	. 1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT he chief medical examiner or his assistant	if th ny ki	ed d danc danc or fin
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cate	the body was released to t shows: (1) An accident of ar	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
ertif	ody s: (1)	D.O.A
his	o b	as ecec

	CM ANDE	BALTIMORE CITY	HEALTH DEPARTMENT		OP 4400		
	H NO. 0/ 4120	CERTIFICA	TE OF DEATH	Registered Na	6/ 4/20		
	. CASE NO. AME OF DECEASED		2. DATE AND	HOUR OF DEATH			
	P	KER	APRIL	23, 1967	1 4:25 PM		
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased fived. If insti-	tutian: residence before odmissian)		
	ULL NAME OF (If not in hospital or institu	tion, give street	MARYLAND	ide city limits, write RU	Balto Co		
1	SAINT AGNES	HOSPITAL		10 10 0	D 53		
	40 WILKENS & CA	TON AVENUES	D. STREET ADDRESS (If ru	rol, give lacation	00-00		
	BALTIMORE, M	ARYLAND 21229	14-1/2 D	ELRAY AVEN	UE		
S. S	WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9.		If Under 1 Yr. If Under 24 Hrs. Nonths: Doys Haurs Min.		
	IALE WHILE M	ARRIED	09/05/12	54			
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working lile, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fareig	n country)	12. CITIZEN OF WHAT COUNTRY?		
9011		YSER ALUMINUM	MARYLAND		U.S.A.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E			
	THOMAS BAKER		KATHERINE	FLORSTEA	.D		
S. Yes	Nas Deceased Ever in U. S. Armed Forces? , no or unknown (If yes, give wor or doles of ser	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	NO	215-03-8741	SAINT AGNES R		KENS & CATON A		
_	18. 4.00.11	CAUSE O	1	ECONDO DA	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY	/	1	. / . / /	ONSET AND DEATH		
	LEADING TO DEATH (A) A cute m-jocardial enfarction.						
	heart failure, asthenio, etc. It means the disease,						
	ANTECEDENT CAUSES (B) Colonary flerom bosis.						
	DISEASES OR CONDITIONS, if any, a	DUE TO		1 . / /	10.04 T 0 00000000 000 000 000 000 000 0000 000 00		
	rise to the above couse (A) stating the (C) Advenal Rodes - Sclatoral.						
	UNDERLYING CONDITION last.						
z	OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING					
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE					
	19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes at Not	20B. IF YES, WERE FIN	IDINGS CONSIDERED		
ERTIFIC	WAS PERFORMED		YES	IN CERTIFYING CAUS	ES OF DEATH?		
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, at etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(tt in Baltimare C	City, give exoct lacotion)		
EDIC	21 D. TIME (Month) (Doyl (Year) (Haurl	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
Σ	OF INJURY (APPROX.)	While At Not While At Wark	e				
	22 I consider about 10 (abic begoing) cases		PRIL 19. 19	67 10 APRI	L 23. 19 67		
	22. I certify that XIX (this haspital) attended the deceased from APRIL 19, 19 67 to APRIL 23, 19 67, that XIX (we) last saw the deceased alive an APRIL 23, 19 67 and that in XIX (aur) apinion death accurred an the date						
	and have and from the causes stated aba			ringany (dor) upinin	on death accorred an the date		
	23A. SIGNATURE	ve. (i) (iie) yaza, (ala har) v	new the bady after death.	- 12	3B, DATE SIGNED		
	Kell O Die	M.D. Atte	ending Med. S	toff [77]	04/23/67		
	23 C. PHYSICIAN'S	Phy	s. Director P	hy s.			
	PALLO E. DIBOS	M.D.					
24A	BURIAL CREMATION 24B DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	tawn, ar cauntyl (Stote)		
	REMOVAL (Specify)	D.	1/		, 0. 0001111		
25A	DATE REC'DA IN THE ALTER DEPT. 126K NA	ME OF REGISTRAN	25C FUNERO DIFFCTOR	WARD C	O. M.d.		
	APR 2 7 1967 12.0.	& Extalume	8. 2. 2. 1.	no Ble	301 Frederick Rd		
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Meto E. Diess

346 47 64 64 Hostung William Conn

VS 150-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

67 4199	BALTIMORE CITY HEALTI	H DEPARTMENT		67	4400	
BIRTH NO.	CERTIFICATE C	F DEATH	Registered No.	07	4123	
M.E. CASE NO. T. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND	nnady	2. DATE AND	HOUR OF DEATH	71	1:35A, M.	
FULL NAME OF (If not in hospital or institution, given HOSPITAL OR oddress or location)	A. STAT	B. COUNTY	de city limits, write RUI			
Union Memorial	/ lag . a !	altimore EET ADDRESS (IF run 306 Yor	ral, give locotian)	1	97-11	
Female Coucasian to do	DIVORCED (specify) B. DATE	9F BIRTH, 9.	50	If Under 1 Yr. Aonths Doys		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BI done during, most of working life, even if retired) Telephone operator 13. FATHERS NAM		HPYACE (State or foreign	Country)	12. CITIZEN CO		
Rober Son Ginnad	A ON STOCIAL 17. INFO	naE Jan	e Holla	and	PRESS /	
(Yes, no or unknown) (If yes, give wor or dotes of service)	CAUSE OF DEATH	Edno V	1/Ke/500		VAL BETWEEN	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g.,	(A) Cereb	O-VOSCUI	la vaccide	ONSE DT	8 A	
heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	(B)	8888-48884				
DISEASES OR CONDITIONS, il ony, giving ise to the above couse (A) stating the UNDERLYING CONDITION last,	DUE TO		***********************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					0	
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	ICH OPERATION 20A.	AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CON	SIDERED H?	
OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., in or obout form, foctory, street, office bldg.	121C. WHERE DID INJURY OCCUR?	(If in Boltimore C	ity, give exo	ct locotion)	
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. IN OF INJURY (APPROX.) While Work	At Not While At Work	21F, HOW DID INJUI		/		
22. I certify that (1) (this hospital) attended the deceased from 4/17 1967 to 4/25 1967, that (1) (we) lost saw the deceased alive on 4/25 1967 and that in(my) (our) spinion death accurred on the date						
ond haur and from the causes stated above. (1) (23A. SIGNATURE	M.D. Attending Phys.	Med. Si	toff by s.	A LATE SIG	167	
NAT E. WATSON, JR.	M.D. TH	E UNION MEI		PITAL		
DEAAOMAI (C:(c.)	rell's Cemeter			rth Ca	rol i na	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		FUNERAL DIRECTOR		e Clir		
VS 150-REV. 1/1/65		101	North	Caroli	na	

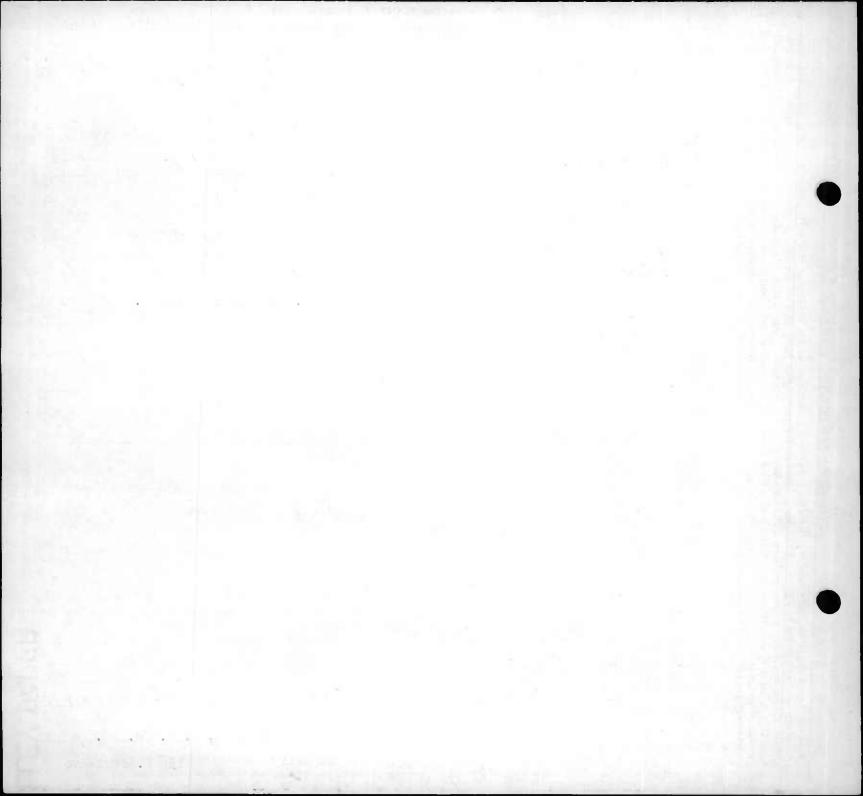
Union Memerial Hogital Baltimere 5306 York Read Fomale Conscious it don't inter 50 R.Carolina USA. Telephone aperater Onnas Jane Holland Roberson Connody Mrs Edwa Wikerson La China Combo - wascular accident 24 13/53/4 X 1/1 7 (1/1

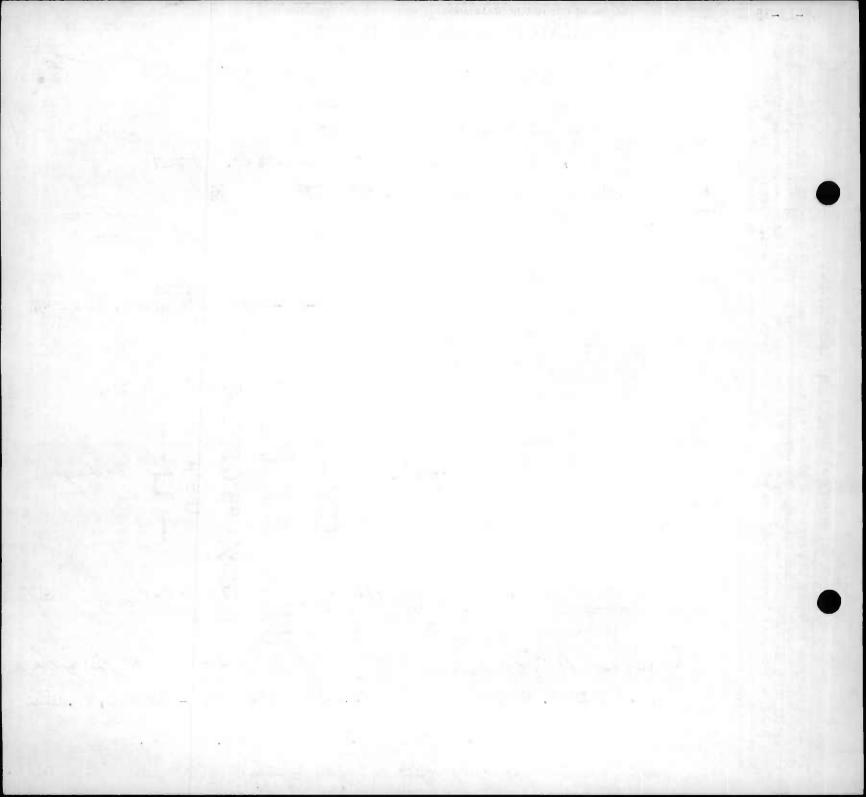
	67 4124 BALTIMORE CITY	HEALTH DEPARTMENT	C7 449A			
11	CERTIFICA	TE OF DEATH Registered No.	67 4124			
	E. CASE NO. NAME OF DECEASED	2, DATE AND HOUR OF DEATH				
(Ту	ROBERT E. LEA	4-25-196	7 12.10 A.M			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY				
	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write I	RURAL and give township)			
17	NORTH CHARLES GEN. HOSP.	D. STREET ADDRESS (If rurol, give location) 5022 E. OLIVER ST.				
5.	SEX 6. RACE - 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
	Male White WIDOWED, DIVORCED (specify) MARRIED	10-10-1888 Ost birthdoy)	Months Doys Hours Min.			
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Retired DAVIDSON CHEM. Co.	Va.	U.S. A.			
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	ALTRED LEA	MARY				
15. (Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	Yes WWI 223-10-5998A	NORTH CHARLES GEI	N. HOSP CHART.			
		F DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	HRONIC PULMONARY EN	MPHINSEMA 1510015			
	houst failure authoris ats it means the disease	•				
	ANTECEDENT CAUSES (B)	A. S. C. V. D.	20 years			
	DISEASES OR CONDITIONS, if any, giving		,			
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.					
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
RTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes o No 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
CAL CE	OR CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH (notify medical examinet)		e City, give exact location)			
103	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
1	(APPROX.) While At Work At Work					
	22. I certify that (this haspital) attended the deceased from	4 10 1967 to	4-25 1961,			
	that (1) (we) lost saw the deceased alive on 4 - 2 J					
	ond hour and from the couses stated above. (1) (We) (Gid) (did not)	view the body after death.				
	23A. SIGNATURE	,	23B, DATE SIGNED			
i	Mare E. Oleman M.D. Att.	ending Med. Sloff Phys.	4-25-1967			
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS				
	CORAL GORDON M.D.	611 PARK AVE. BAI	LTIMORE Md.			
24.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY Cem. 24D. LOCATION (C)	ty, town, or county) (Stote)			
11	Burial 4/28/67 Meadowridge Memo	rial Park	Dorsey, Maryland			
25	APR 27 1967 P. S.	John J. Duda, 7922 Wise	ADDRESS			
VS	150-REV. 1/1/65	A *** ** O				

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

67 4125	BALTIMORE CITY	HEALTH DEPARTMENT		67 4125
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	01 3.163
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	ramblitt		26-67	ution: residence before admission
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If instit	ution: residence before admissi
FULL NAME OF (If not in hospital or institution, address or location)	give street	Maryla	side city limits, write RUI	
INSTITUTION CONTROL OF THE CONTROL		C. CITY OR TOWN (III outs	2.1	2/23 24-0
43		D. STREET ADDRESS (III		2/23/04/0
South Baltimore GED	YETA) HOSP.	408 E. 1	Ert AVE	·
1 WIDOWED	NEVER MARRIED	4. (-)	AGE (In years ost birthdoy)	f Under 1 Yr. If Under 24 I Aonths Doys Hours Min
DA. USUAL OCCUPATION GIVE kind of work 10B, KIND OF	APPIED.	1. BIRTHPLACE (Stote of foreign	62	12. CITIZEN OF
Ione during most of working life, even if retired)		D 11.	h a /	WHAT COUNTRY?
None Hou	SEWIFE.	14. MOTHER'S MAIDEN NAM	JE, MA	USA
1 has Harriss		Sophie	12.10	
5. Was Deceased Ever in U. S. Armed Forces? fes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	5 101.6	ADDRESS
No	SECORITI NO.	Robert C. Cram	blitt 408	E. Fort Ave
18. 260 X I	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10-	shitis melli terisalenti co	for	C.
(This does not mean the mode of dying, e.g.,	DUE TO	mu mu	Charles	30 years
heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)	1.7	t / +	- /	1
ANTECEDENT CAUSES	(B) DUE TO	Mysellylle C	de	en 10 gen
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(C)		order of	
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE				
O DISEASE OR CONDITION CAUSING IT.	WHICH OPERATION	20A. AUJOPSY? (Yes or No)		
WAS PERFORMED		YES.	IN CERTIFYING CAUS	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	ne, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Bottimore C	ity, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour) 21E.	. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.) Wh	nile At Work Not While At Work			
22. I certify that (this hospital) attended t		4-20 1	967 ta	4-26 196,
that (#) (we) last saw the deceased alive an	<u> </u>	6 19 67 and tha	t in tany) (our) apinio	in death accurred an the
and have and from the causes stated above.	l) (We) (did) (did nat)	view the bady after death.		DATE CIGNED
23A. SIGNATURE			Stoff 1	BR. DATE SIGNED
23C. PHYSICIANS NAME(Type)	Phy	23 D. ADDRESS	Phy s.	4-26-67
HAMENTYPE GRADU AFI	Emina M.D.	South Bal	Limpus K	ENERAlHa
24A. BURIAL CREMATION, 24B. DATE 24C.N.	AME OF CEMETERY OF CR		CATION (City,	town, or county) (State
Burial 4 29 67	Cedar Hill	Bro	oklyn, A. A.	Co. Md.
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR MC Cully		ADDRESS
APR 27 1967 P. C. S. 150-REV. 1/1/65	E. Janley MA	o 4	TRO	E. Fort Ave
3 130-NL V. 1/1/03	0 / 4 1	11 (1 1 0) (



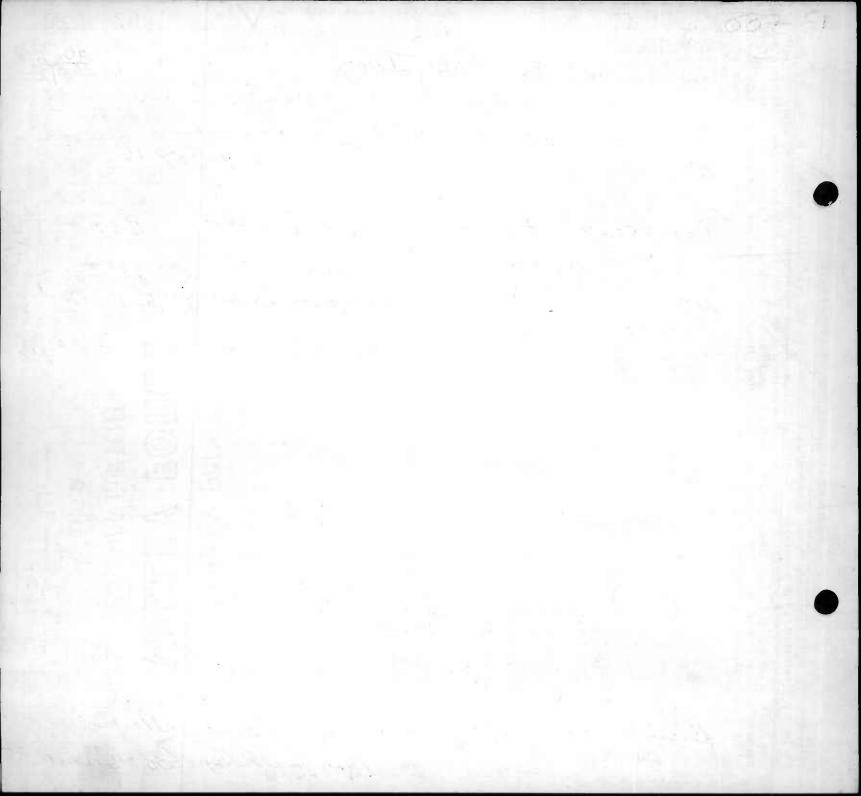


	67 4127	BALTIMORE CITY HEALTH DEPARTMENT	C79 44000
	DIKITI IVO,	CERTIFICATE OF DEATH	Registered No. 0/ 4127
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)		HOUR OF DEATH
	MINS Lemma VVII	son Wallace Upr	1/ 23, 1967 12,55AM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	deceased lived If institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or location)		
1	INSTITUTION	11 11 Bottomoro	de city limits, write PUDAL and give township)
7	Union Memorial	O. STREET ADDRESS (IF THE	rol, give location)
		2783 The	alameda
			AGE (In years of Months Ooys Hours Min.
	10A, USUAL OCCUPATION (Five kind of work 10B, KIND OF	F BUSINESS OR INDUSTRY W. BIRTAPLACE (Stote or foreign	12, CITIZEN OF
	done during most of working life, even if retired)	E III	WHAT COUNTRY?
	HOUSEWIJE Home	Making UV9/11/0	4,374
	Il Del	5.160	10
	15, Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL 17. INFORMANT	ADDRESS A
	(Yes, no or unknown) (Yyes, give wor or dates of service)	SECURITY NO.	3316 Mondaw min Que
	118.	CAUSE OF DEATH	DOTTIMOSO IIIA, INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	A Carcinoma of	6/01 8 mos
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)		
	ANTECEDENT CAUSES	(B)	
	DISEASES OR CONDITIONS, if any, giving	DUE TO	
,	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	
	l li		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G IE	
	DISEASE OF CONDITION CAUSING IT.		20B. IF YES, WERE FINDINGS CONSIDERED
	194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	No	IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B.	B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID ne, form, foctory, street, office bldg., INJURY OCCUR?	(If in Baltimore City, give exact lacation)
2	DEATH (natify medical examine) etc.		
1	□ OF INJURY	INJURY OCCURRED 21F. HOW DID INJU	RY OCCUR?
,	(A PPROX.)	. /	
	22. I certify that (1) (this hospital) ottended th		67 to 4/23 1967.
2	thot (1) (we) lost saw the deceased alive on		in(my) (our) pinian death occurred on the date
	and haur ond from the couses stoted obove. (I	1) (Wes (did) (did not) view the bady ofter deoth.	23 B. DATE SIGNED
	N.48 71+	M.D. Attending Med. S	10ff \ 4/65/147
	23CPATSICIANS NAME (Type)		hys. 7 125/6/
	DR NAT E.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	M.D. THE UNION	MEMORIAL HOSPITAL
1	- XXXXXX	AME OF CEMETERY OF CREMATORY 240. LOS	CATION (City, town, or county) (State)
	Dunal 4/28/67 br	Holmon Ba	to me
		OF REGISTRAR 25C. FUNERAL DIRECTOR	and 125 ADDRESS
	APR 27 1967 117 9 16	8 Holling - par non-	Hunder PA D LICELL
	VS 150-REV. 1/1/65		50

Union Momentol Hepital 2783 The 2783 The Chamela 4/21/23 44 Female Tiego Marsonite Homewayind phinosopy N 05125 Herry Porker 100 I see the Ruby Mess Baltimore Hill. Carcinoma of Opper 8 miss Butanh Burne 145/11 10 the le

FUNERAL DIRECTOR: IMPORTANT	ノー
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	tal and f death eceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such C. written approval must be obtained before the remains are embalmed or final disposition is made.	on the h. Such

	BALTIMORE CITY HEALTH DEPARTMENT \
	CERTIFICATE OF DEATH Registered No.
1	CASE NO. I. NAME OF DECEASED ROONE MARY TWE? 2. DATE AND HOUR OF DEATH Type or Print) ROONE MARY TWE?
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before of mission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospitol or institution, give street oddress or location) C. CUY OR TOWN (If oylgide city limits, write RURAL and give township)
1	Johns Hopkins Hoppital. Jasadena 52-00 D. STREET ADDRESS (II mol, give location) Rt. 11-1304 45-9 10.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDOWED DIVORCED (specify) 12/23/25 lost birthday) Months: Doys Hours Min.
	10A. USUAL OCCUPATION (6) to kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BUTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
4	13. FATHER'S NAME
.	Howard Brown Bessie Briscoe
	15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Brown ADDRESS ADDRESS
	18. / SO / I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND, DEATH
	Disease or condition directly LEADING TO DEATH (A) Hypernephroma 3/2475
	(This does not mean the mode of dying, e.g., DUE TO heart laifure, astheria, etc. It means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES (B) DUE TO
	DISEASES OR CONDITIONS, if only, giving rise to the obove couse (A) stating the (C) UNDERLYING CONDITION last.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At
	22. I certify that (1) (this haspital) attended the deceased from 19 07, that (1) (we) lost sow the deceased alive on 19 07 and that in (m) (our) apinion death accurred on the date
	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.
	23A. SIGNATURE Attending Med. Director Phys. C 23B. DATE SIGNED Attending Director Phys. C 25 657
	23C. PHYSICIAN'S NAME (Type) M.D. T
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lowin, or county) (State) REMOVAL Specify) 4/2/69 NH 3 con Church Facadum (Total)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RESISTRAR ASSC. FUNERAL DIRECTOR HOUSE GRAND STUMMENT ST
	APR 27 1967 Politice Fally Again Smith Hayes 635 NG, cmm OV

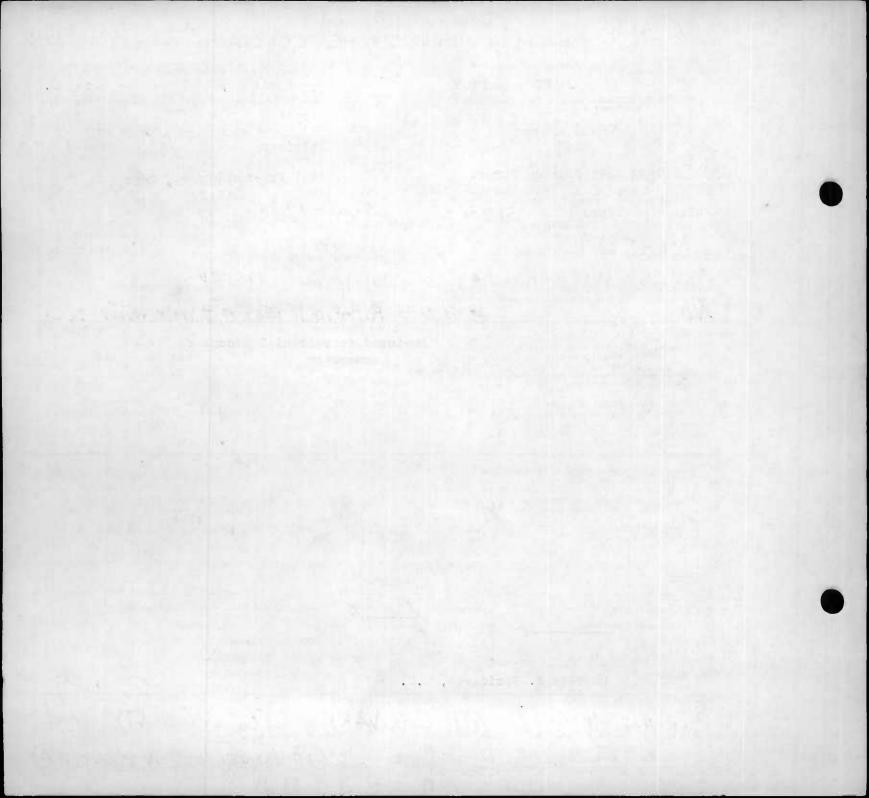


		CD 4400	BALTIMORE CITY	HEALTH DEPARTMENT		CD 4400		
		H NO. 67 4129	CERTIFICA	TE OF DEATH	Registered No.	6/ 4123		
	(Туре	AME OF DEGEASED CIULLA, JESSS	§ 5.	4	2167	19 PM.		
	FL	LACE OF DEATH IN BALTIMORE, MARYLAND ULL NAME OF (If not in hospitot or institution, grodfess or location)	ve street	MARYLAN	deceosed lived. It instituted Baltimor			
4	200	SINIAI HOSPITAL OF BAR	BACTIMOR	21204	3 3 - 04			
5	5. SE	6. RACE 7. MARRIED, N. WIDOWED.	NEVER MARRIED DIVORCED (specify)		P. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
2		USUAL OCCUPATION (Give kind of work 108, KIND of during most of working life, even if retired) B arber	arried BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
a pools	13. F	Joseph Ciulla		14. MOTHER'S MAIDEN NAM	Esther Mar	ngione		
3	15. W (Yes,		16. SOCIAL 216-03-1597	Mrs. Derethy M	. Ciulla	(Same)		
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF		DIAL TAFA	INTERVAL BETWEEN ONSET AND DEATH		
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES	(B) ART	VIE MYCCAR ELIOSCIEROTI VASEULAR	TION De CARDO	yrs.		
200		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)	VASCULAR	- 1)18	/-		
Leman	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		1				
ore rue	ERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR W WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. F		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH?		
0000	ICAL	OR CONTRIBUTING CAUSE OF home etc.)	i, form, foctory, street, of	fice btdg., INJURY OCCUR?				
DI I	WE	OF INJURY (APPROX.) White Work	Not White		67 4	1/2167		
20.00		22. I certify that AV (this hospital) attended the deceased from						
SOLUTION IN		23A. SIGNATURE FRET FAZAV			Stoff Phys.	3B. DATE/SIGNED/		
phrove		23C. PHYSICIANS NAME (TYPE) V. BRETT HAVAR	M.D.	SINAI HOSP	OF BACT	Til Inc.		
3		Burial 4/26/67. Gard	ME of CEMETERY of CRE lens of Faith	Cemetery	Baltimore,			
		APR 2 1967	REGISTRA	Leonard J. Ru	ck, Inc. Bal	to. Md. 21214		
	VO	3U+RE V. 1/1/03						

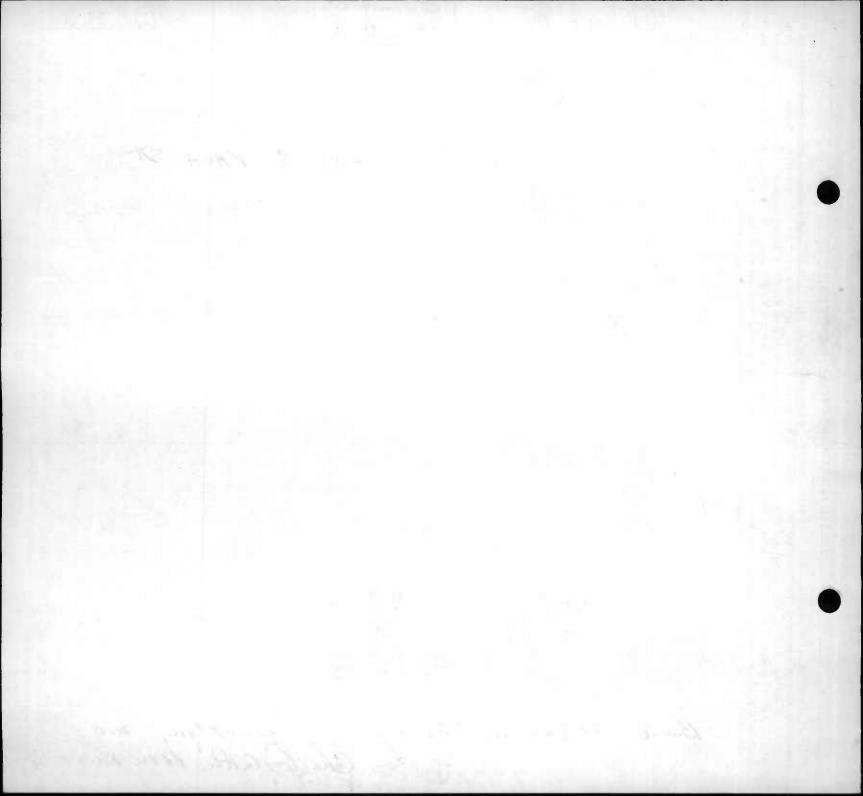
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Baltimore City Health DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4130

M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print) JAMES BARNETT	April 22, 1967 2:45 P.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give jownsip)				
1431 East Preston Street	Baltimore D. STREET ADDRESS (If rurol, give locotion)				
	1431 Preston Street, East				
Male 6. RACE Negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily) SINGLE	S. DATE OF BIRTH 5-28-1938 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life aven if retired.)	N.C., WHAT COUNTRY?				
JAMES W BARNETTO	RIVERS WOODY 17. INFORMANT ADDRESS				
Yes, no or unknown) (If yes, give wor or doles of service) NO 2H-5H-42-33	R. BARNETT 1505-19 St. WASHINGTON D.C.				
0000	of DEATH Ired intracranial saccular anneurysm				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes:				
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact location)				
OF INJURY	21F. HOW DID INJURY OCCUR?				
22. I certify that I held an Inquiry Inspection Autresulted from: Natural couses X Accident Suicid	topsy X ond that on this basis, death in my opinion Homicide Undetermined manner				
EVANUEDIS.	ASSISTANT MEDICAL EXAMINER DATE SIGNED				
EXAMINER'S Charles S. Springate, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CEMET	ASSOCIATE MEDICAL EXAMINER April 23, 1967 or CREMATORY 23D. LOCATION (City, town, or county) (Stote),				
REMOVAL (Specify) 13481AL 4-28-67 MT CAL 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	VARY Q.Q. COUNTY Md				
APR 27 1967 Roberts E. Farkeyns	JOSETH KNIGHI 1639 N BROADWAY				



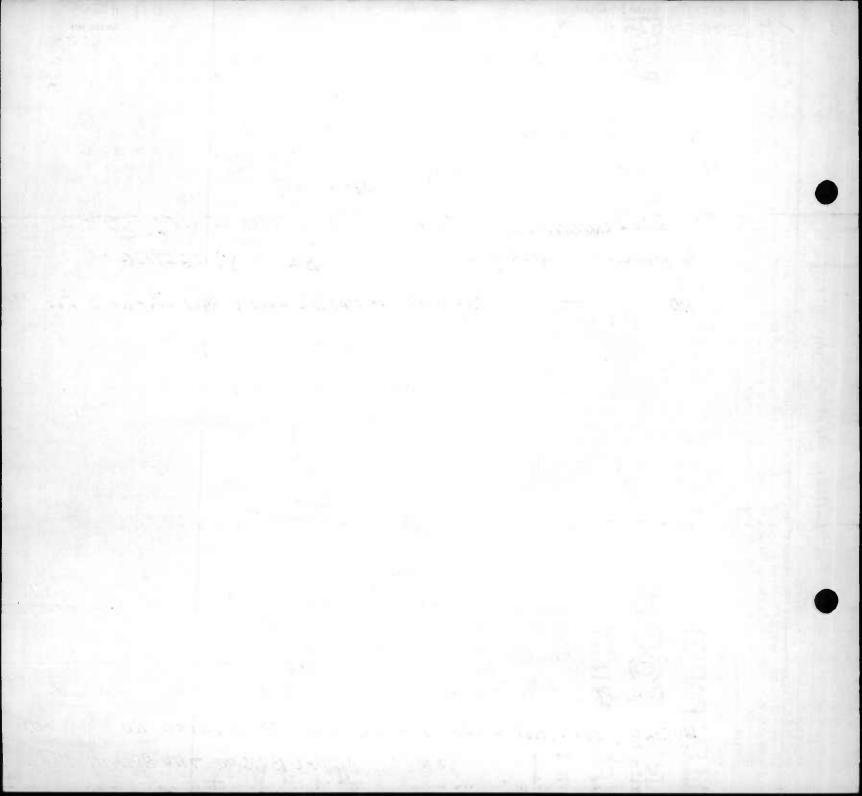
	HEALTH DEPARTMENT	CD 4404					
BIRTH NO. 67 4131 CERTIFICA	TE OF DEATH Registered No.	67 4131					
1. NAME OF DECEASED (Type or Print) EMMA MERCER	2. DATE AND HOUR OF DEATH 25 April 6	7 1 10 ° 7 A					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if insti	itution: residence before admission					
FULL NAME OF (If not in hospital at institution, give street	MO.						
HOSPITAL OR address or tacation) INSTITUTION	C. CITY OR TOWN (If autside city limits with RU	RAL and give township)					
38 UNIV. OF MD.	D. STREET ADDRESS (If iural, give location)						
300701	634 S. PACA S	A:					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 411000	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Months Days Haurs Min.					
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
Sourceife	W. Carolina	USA					
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME						
THOMAS LAWRENCE	MARY HARRIS						
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
?	Chart -						
18. 44.3 X I CAUSE O	PF DEATH	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- W						
(This does not mean the made of dying, e.g., DUE TO	NTRACRANIAL HEMOR	R < 78 hr					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES	Years?						
DISEASES OR CONDITIONS, if any, giving							
rise to the abave couse (A) stating the (C) UNDERLYING CONDITION last.							
II .							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FIL	NDINGS CONSIDERED					
19A. DATE OF OPERATION WAS PERFORMED WEIGHT DERATION WAS PERFORMED		SES OF DEATH?					
OR CONTRIBUTING CAUSE OF STATE OF CONTRIBUTING CAUSE OF	n or about 21 C. WHERE DID (If in Baltimare	City, give exact location)					
DEATH (notify medical examiner)	INCO SINGE INTO A COOK!						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?						
(APPROX.) While At Not While At Wark							
22. I certify that (1) (this hospital) attended the deceased from	23 Apr 19 67 to 25	Apr 196;					
that (1) (we) lost sow the deceased alive on 2.5 April 19.6.) and that in (my) (our) opinion death occurred on the dat							
and hour and from the couses stated above. (1) (We) (did) (did not)							
23A. SIGNATURE		3B, DATE SIGNED					
Phy		25/1pr67					
23C. PHYSICIAN'S NAME (Type) STANLEY MUSIC M.D.	23D. ADDRESS YO UNIV MOS	SP					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City,	, town, as county) (State)					
Bruil 1/29/67 mt Calvery	1 Brooklyn	md					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1W. Berre SI					
APR 27 1967 (1) 2. 6. 2 startum	Charles arice 66	10. Den 56 31					
VS 150-REV. 1/1/65	1 4 1 3 7						



VS 150-REV. 1/1/65

Such

BALTIMORE CITY HEALTH DEPARTMENT 67							
CERTIFICATE OF DEATH				Registered No.			
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) ARTHUR W. HARRI	2. DATE AND HOUR OF DEATH					
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If institut	tion: residence before admission)		
	HOSPITAL OR oddress or location) INSTITUTION	HOSPITAL OR oddress or locotion) INSTITUTION			AL and give township)		
ů	NORTH CHARLES GENERAL	HOSPITAL	D. STREET ADDRESS (If TO 3911 Piner	ural, give location)	21206		
	5. SEX 6. RACE W. 7. (MARRIED, NEV WIDOWED, DE	VORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years of Mo	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.		
2	IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during mast of working life, even if retired)		11. BIRTHPLACE (State or foreign		2. CITIZEN OF WHAT COUNTRY?		
- code	13. FATHERS NAME William HARdis	1	14. MOTHERS MAIDEN NAM	Y'INGLII	VG		
3		SOCIAL SECURITY NO.	17. INFORMANT	ic 26/3 pin	ADDRESS		
5	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH						
3	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
וז מום	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	CASS			
Delo	OR CONTRIBUTING CAUSE OF home, for the control of t	CE OF INJURY (e.g., in irm, foctory, street, offi	ar about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(II in Boltimore Cit	ly, give exoct logodon)		
Dallie	OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour) 21E, INJI While A Work	URY OCCURRED Not While At Work	21F. HOW DID INJU	RY OCCUR?			
	22. I certify that (I) (this hospital) attended the deceased from 3/14 1967 to 4/16/ 1967, that (I) (we) lost saw the deceased alive an 126 1967 and that In(my) (aur) opinion death occurred an the date						
I SOLU	ond haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED.						
BACIA	23C. PHYSICIAN'S NAME/(Type)	- 0	Med. Oirector P	Shy s.	4/6/6/		
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CREA			own, or county) (Stote)		
5	BURIAL APR 291967 LURK 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	PAINE PAR	K CEM STOP	D06 W000	RD MD		
	APR 27 1967 R.C. S. E.	, starker Mill		SINC 7110 B	BELAIR ROAD		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	CH	A-1-00		BALTIMORE CITY	HEALTH	DEPARTMENT		67	4133
	н но.	4100		CERTIFICA	TE O	F DEATHY	Registered No	01.	4100
	CASE NO.						D HOUR OF DEATH		
(Тур	e or Print) Ma	rione	BG	eker Isa		AL RESIDENCE (Where	26-6-	stitution: resi	5:00 Am.
H	ULL NAME OF	(If not in hospito oddress or locati		an, give street	m	rayrla		ltimore	9.
1	44				D. STRE	ET ADDRESS (If I	rurol, give location)	00	3-00
	Union	Mem	cora	Il Hospita	1 9	10 DUL	andy	Valle	Ly Court
5. SI	expensale 6. RA) hote	7. MARR WIDO	HED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE		9. AGE (In years) lost birthdoy)	If Under 1 Months D	dys Hours Min.
	during most of working			OF BUSINESS OR INDUSTR	11. BIRTH	IPLACE (Stote or foreign	gn country	12. CITIZE	N OF COUNTRY?
00.10	Housewif				T	Minois		7	1817
13. F	ATHERS NAME	1/			14. MOT	HERS MAIDEN NAN	ΛE		
1 c V	John I	Albert	+ B	A SOCIAL	E	lizabet	h Par	Ker	ADDRESS
	no or unknown) (If ye				0	F. Reid	+	180	1018
	1B. 10 G 6	2 11		CAUSE		, 1, 1219	Sauce		TERVAL BETWEEN
	DISEASE OR	CONDITION D	IRECTLY			0 . (^ -	OI	NSET AND DEATH
		ING TO DEATH		(A) G	ne	ofized	Corgina	nutes	C8
	(This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease,								
	injury or complicat			(R)	1114	h Inte	stinal P	bosto	veteon
		CEDENT CAUSE		DUE TO			-		coccessor co- on
	DISEASES OR C rise to the ab UNDERLYING CO	ave couse (A							
-		11							
ATION	OTHER SIGNIFICANTO THE DEATH DISEASE OR CONT	BUT NOT REI	ATED TO	TING THE					
CERTIFICATION	19A. DATE OF OPER		NDITION F	OR WHICH OPERATION	20 A.	AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS C USES OF DE	ONSIDERED EATH?
CAL	21 A. ACCIDENT W. OR CONTRIBUTING DEATH (natify media	CAUSE OF		21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	n or obout	21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give	exact location)
MEDI	21 D. TIME (Mor	nth) (Doy) (Yeo	(Hour)	21 E. INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
<	(APPROX.)			While At Work					
	22. I certify that	(1) (this hospit	al) attend	ed the deceased fram	4	1-91	9 67 ta	4 - 2	26-1967.
	that (l) (we) last			1			ot In(my) (our) api	nion death	occurred on the date
		n the causes st	ated abov	e. (I) (We) (did) (did hat)	view the	body after death.			
	23A. SIGNATURE	0	11	M.D. At	ending 🦳	Med.	Stoff -	23B. DATE	SIGNED
	Muca	-1-	Col	Ph	/s		Stoff Phys.	4-	26-67
	23C.PHYSICIAN'S NAME (Type)	MIR	IAM A	. COHEN, M.D.	23 D. ADD		MEMORIAL	HOSPI	TAL
24A	BURIAL CREMATION	ON, 248. DATE	24	C. NAME of CEMETERY OF CE	EMATORY	24D. LC	OCATION (Ci	ty, town, or	county) (State)
	Burial	4/28/	1967	Mt. Olivet Ce	meter	y Bal	timore, Mar	yland	
25A	DATE REC'D BY H	2 7 1967	25B. NA	WE ON REGISTRAL	25C.	mar of m	home L	2 ans	hoth the
VS 1	150-REV. 1/1/65				3	7 7 9		- ,	

THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY. The Burney of I SEE LESS I Compile Alberton of Hospital give with any Valley De PS TOWN TO THE POPULATION CO. 7 march I'm Wheer Box or Control Property Land the state of the same 2 is Ironanal Com . Il

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	4134 MED	ICAL EX	CAMINER'S	CERTIFICA	TE OF D	EATH Register	ed No. 4	134
M.E. CASE NO.	CEASED				2 DATE AND	HOUR PRONOUNCE	D DEAD	
1. NAME OF DEC	1.77	T TAM T	DIETENDACH		/. 25	67	. 2.1	55 PM ,
3. PLACE IN BALT	TIMORE, MARYLAND, W		. DIEFENBACH	4. USUAL RESI	DENCE (Where d	eceosed lived. If insti B. COU	tution: residence bel	are admissi
FULL NAME OF		AL OR INSTITU	TION, GIVE STREET	Maryla	and	B. COU		
INSTITUTION				Poltrin			16	-08
MARYLA:	ND GENERAL	HOSPITA	L	Baltin	DRESS (If rurol, g	nive location)	/ -	00
					Holly S		29	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIR		9. AGE (In years	II Under 1 Yr, If	Under 24 H
Male	White		DIVORCED (specify)	Dec. 19	1995	lost birthdoy)	Months Doys H	lours Mir
	UPATION (Give kind of wor	1000					12. CITIZEN OF	
dane during mast al	working life, even if retired)					CO UNITY /	WHAT COUN	TRY?
Retired		Beth	. Steel		Mar yland		USA	
				2	MAIDEN NAME			
	hn Diefenbach		D		zabeth		4.5.5.	
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	Mrs.	William I	. Diefenbac	ADDRESS	
						e - Belair		
18.	12.4		CAUS	E OF DEATH				AL BETWEEN
							ONSET	AND DEAT
DISEA	SE OR CONDITION DI LEADING TO DEATH		Rron	oh opposimor	oin compl	icating		
(This does	not meon the mode of		ANNE ANNE	chopneumor	IIa Compi	rcating		
injury or co	mplication which caused	deoth.)						
							16.8	
	OR CONDITIONS IF A	(R)	ture or ri	rgiit Teilia	1			
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
	UNDERLYING CONDITION LAST.							
<u>ō</u>								
OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTION	NG .				10.5	
E TO THE	DEATH BUT NOT RE	LATED TO T	HE Arte	riosclerot	tic cardi	ovascular d	lisease	
-	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPS	Y? (Yes at No) 2	OB. IF YES, WERE FIN	IDINGS CONSIDER	ED
5 2	WAS PER					N CERTIFYING CAUS		
21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C.		in Boltimore City, giv	re exact location)	
UNDERLYING UTING CAU	L CAUSE WAS NOR CONTRIB- USE OF DEATH.	home etc.)	, form, factory, street,	office bldg., INJU	RY OCCUR?	January, g.		1/ 0
7	JE OF DEATH.		Street			nd Saratoga	Streets	7-0
OF INJURY	(Manth) (Doy) (Yea	11:00 2	1 E. INJURY OCCURRED		HOW DID INJUR	Y OCCUR?	ect was wa	alking
(APPROX.)	2 6 67		VHILE AT NOT	WHILE X ac	cross Sar	atoga at Ho		
22.					truck by	truck bosis, deoth in m		
I cer	tify that I held an I			utapsy X o	nd that on this	bosis, deoth in m	y opinion	
resul	Ited from: Natural co	uses A	ccident X Suici	de Homic	cide Ur	ndetermined manne	r	
	. 0.	10		CHIEF	MEDICAL EXA	MINER X	DATE	SIGNED
SIGNAT		Varle	ш,	ASSISTANT A	MEDICAL EXA	MINER	DATE	. SIGNED
EXAMIN			Mo L	ASSOCIATE	MEDICAL EXA	AMINER	4-26	-67
NAME (Type) RUSSE	LL S. FI	ISHER, M.D.					
23A. BURIAL CRE	MATION, 238. DATE		C. NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (City,	town, or county)	(Stote)
REMOVAL (Special	4-28-	-67	Loudon	Park Cen.		Reltimone	W.	
	BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR	Baltimore,	MQ.	
	APR 27 1967	Robert	FE, Jackey M.	Witz	zke F. D.	- 4101 Edn		0.
VS 151-REV. 1/1/	/65	. 0	1 1 0 0		1 0			
	NOX1. C	7 9 () / () ()	9 4	61 2			

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Dec. 19, 1885belrook New yearst Leets steel chm Literannech ore, whiles L. Merenach III 17 Hunter Drive - Delsir, Dr. Louden Park Cec. Halthours, No. LEPTE

bitche F. E. - Alif Postudiou ave.

	CIMM A B CO.	BALTIMORE CITY	HEALTH DEPARTMENT		67 4135
	TH NO. 67 4135	CERTIFICA	TE OF DEATH	Registered Na.	01 4100
1, N	E CASE NO.		2. DATE AND	HOUR OF DEATH	
(Тур	pe or Print) //Rg(Nia -R. /	KANE	Anci	1 25.196	7 5 :00 8
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	eceased lived. If insti	tutian: residence before admissian
1	FULL NAME OF (If not in hospitat or in: HOSPITAL OR address or lacolian) NSTITUTION	stitution, give street	C. CITY OR TOWN (If outside	e city limits, write RU	RAL and give township)
	Union MEmoria	(Hospital	BRLTIMOX D. STREET ADDRESS (If ruro	c. give location)	27-04
	44			RNWOOD	RV.
5. 5	eamara andine V	MARRIED, NEVER MARRIED MIDOWED, DIVORCED (specify) MARKIED		AGE (In years t birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10 B. e during most of working life, even it retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		MARKAND		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	MISH MEXODER COBB		ALMA Br	ock was	XXXXXXXX
15.	Was Deceased Ever in U. S. Armed Forces? S, no or unknown) (If yes, give wor or dates of	1 6. SOCIAL	17. INFORMANT		ADDRESS
, , 0	A Co	service) SECURITY NO. 247386927	MR. CLAKENCE.		SAME
	18. 5010	CAUSE OI			INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECT	LY		· 11	ONSET AND DEATH
	LEADING TO DEATH	(A) C	irrhosis a	- the	
	(This does not mean the made of dyin heart failure, asthenia, etc. 11 means the	diagna	•	нероссио оправо оправо оправо обрано на на	0.000
	injury or complication which caused dea	ih.)	Liver		
	ANTECEDENT CAUSES	(B)	HIVEI	+	
	DISEASES OR CONDITIONS, if any,	giving			
	rise to the above cause (A) state UNDERLYING CONDITION last.	ling The (C)			
	ONDERENTING CONDITION TOST.				
TION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED				-
RTIFICA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.)	or about 21C. WHERE DID	(If in Baltimore (City, give exact locotion)
DIC	21D. TIME (Month) (Day) (Year) (He	our) 21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUP?	
N.	OF INJURY (APPROX)	While At Not While			
		Wark			
	22. I certify that (I) (this hospital) at	tended the deceased from	PRIC 12 190	= 7 10 Ap	cic 25 1957
	that (I) (we) last saw the deceased al	ive on April 25	19 67 and that	in (my) (aur) opini	an death accurred an the do
	and hear and from the causes stated a				
1	23A. SIGNATURE	2		2	3B. DATE SIGNED
	1 / //	M.D. Atte	nding Med. Sto Director Phy		4/2-/17
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1/00/6/
	IAMEO II CAMELLI	M.D.	THE UNION MEN	10RJAL/HO	SPITATE O
24	JAMES W. CARTY MD. BURIAL CREMATION, 1248. DATE	24C. NAME of CEMETERY OF CRE	UNION 11/27	ATION ICIN	town or county) (Stote)
6	REMOVAL (Specify)	10	0.1		1 1
	DATE REC'D BY HEALTH DEPT. 258.	Moreland (eme		imore, Ma	ryland
234	APR 27 1967 . A C) by Q La A	Leonard J. Ru	ch anc. 5	305 Harford Ro
Ve	150-REV. 1/1/65	THE CHAINGHAM	1 1 1 1 10	- J. C. J.	Joy Hacy orta Me
4.3	199-16 41 1/1/05		(1 /1 1		

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25A. DATE REC'D BY HEALTH DEPT.

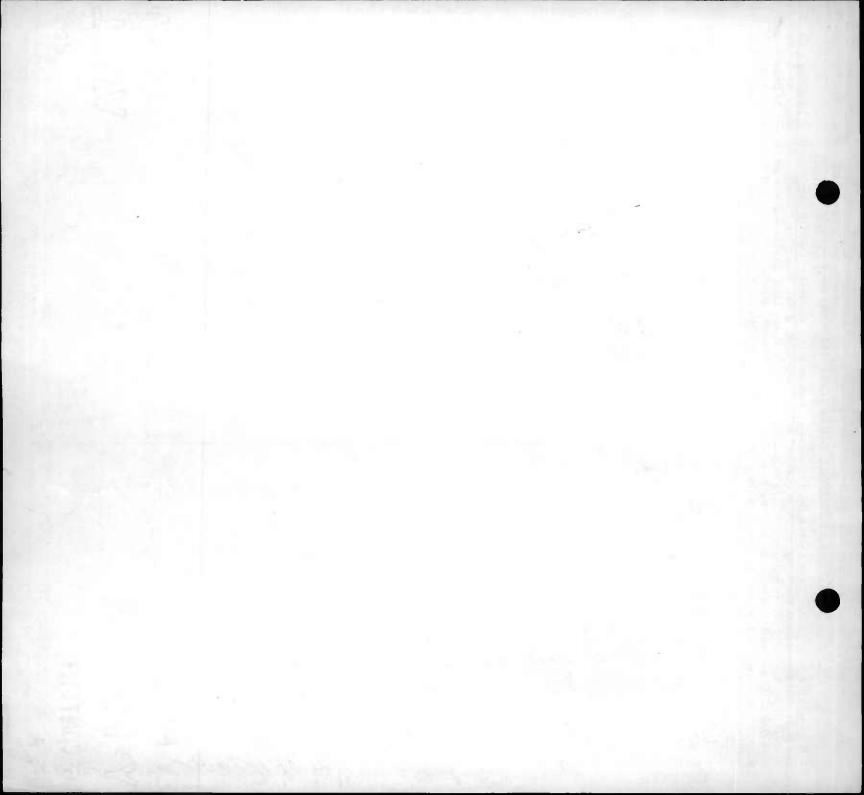
BALTIMORE CITY HEALTH DEPARTMENT

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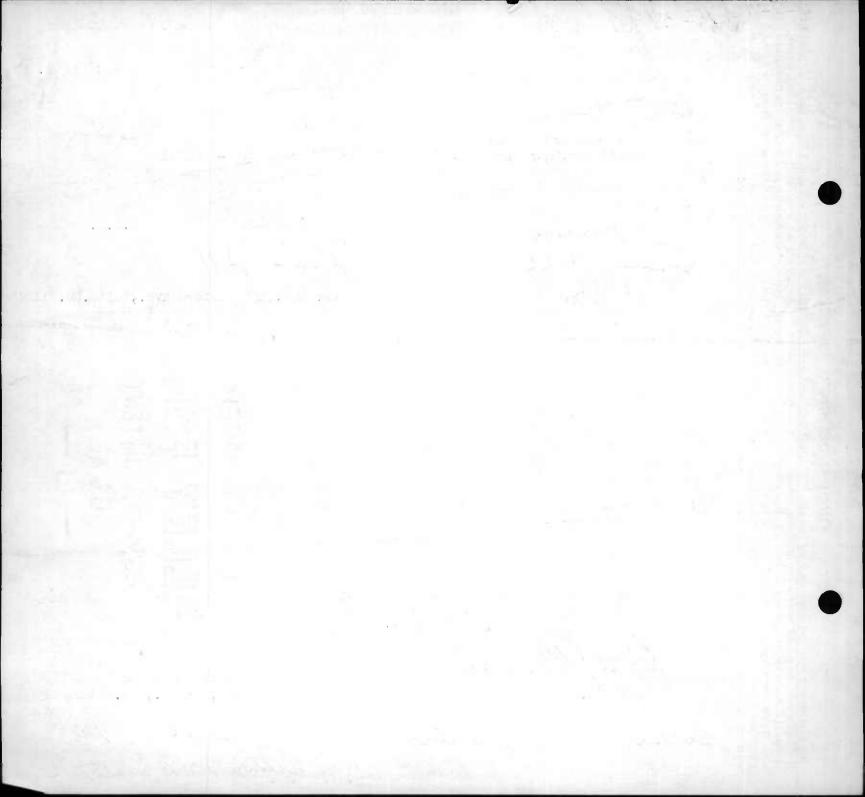
67 4137	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 41	a Tapony	
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No	01 41	51	
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) PILIS E-STUE	RWALD	A	D HOUR OF DEATH	5-30	A	
3. PLACE OF DEATH IN BALTIMORE, MARYLAI	ND	A. STATE B. COUN	e deceased lived. If ins	titution: residence before	odmi s sio	
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location) INSTITUTION	titution, give street		A 1 .	URAL ond give township))	
90 Harford Gardens N	lursing Home	D. STREET ADDRESS (If	Baltimore rurol, give location) Abbottsto		01	
	ARRIED, NEVER MARRIED		9. AGE (In years		ider 24 Hi	
Male White	Single (specify)	March 13.1885	lost birthdays	If Under 1 Yr. If Un Months Doys Hours	Min.	
10A. USUAL OCCUPATION (Give kind of work 10B. I done during most of working lite, even if retired) Retired Painter	KIND O♥ BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or Forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
Joseph Saue	rwald	3	CORMENS ROS	a Wolf		
5. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (II yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
Unk.	215-22-9331	Mrs. Agnes B.	Seipp	(Same)		
18. 33/X I	CAUSE	OF DEATH		INTERVAL BET		
DISEASE OR CONDITION DIRECTL	Y Con	chun / 16 and Ag	a dr. st	6	1-	
(This does not mean the mode of dying, e.g.,						
heart failure, asthenia, etc. It means the a injury or complication which coused deat		1111	- /	0 /		
ANTECEDENT CAUSES	rebrol Antenn	scleresis	Jovensly	lans		
DISEASES OR CONDITIONS, if ony, giving						
tise to the obove couse (A) stoling the (C) UNDERLYING CONDITION lost,						
11						
OTHER SIGNIFICANT CONDITIONS CONTI						
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING		20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (nofily medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotio	n)	
21D. TIME (Month) (Doy) (Year) (Ho	un 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX)	While At Not Wh					
22. I certify that (I) (this haspital) office	ended the deceased from	April 15	96710	April 26	1967	
that (1) (we) lost sow the deceased ali	ve on April 2	5 19 67 ond th	ot in(my) (but) opin	ion death occurred a	on the do	
and hour and from the equises stated a	bove. (1) (No) (did) (dtd-not)	view the body ofter deoth.				
23A. SIGNATURE				23B. DATE SIGNED		
Lou MI home	M.D. Al	ys. Med. Director	Stoff Phys.	4/26/6	:7	
23C. PHYSICIANS NAME (Type) LOV M.	Timmermon M.D	23D. ADDRESS	and Rd B	Stimere A	11	
24A. BURIAL CREMATION 24B. DATE	24C. NAME of CEMETERY or C		OCATION (City	, town, or county)	(Stote)	
Burial 4/29/67.	Holy Redeemer	(emetery B	altimore,	Md.		
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C FILMERAL DIRECTOR		ADDRESS	212	
APR 27 1967 (B.O.	St. E. Jaliana	Legnard J. R	uck, ync.	Balto. IIId.	2121	
VS 150-REV. 1/1/65						

Same State of A Maria I and the second of the

		67 4138	BALTIMORE CITY	HEALTH DEPARTMENT	ON 44.00			
-	CERTIFICATE OF DEATH Registered No.							
	2 84	. CASE NO. AME OF DECEASED		2. DATE AND HOUR OF DEATH				
	(Тур	LACE OF DEATH IN BALTIMORE, MARYLAND	UNNING	4- 25-6 4. USUAL RESIDENCE (Where deceased lived. If in	7 P.M.			
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	nstitution: residence before admission)			
	F	ULL NAME OF (If not in hospital as institution,	give street	MARYLAND				
	11	NSTITUTION Oddress of location) LITTLE SISTERS OF	THE POOR	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)			
	0	10 1200 VALLEY STREET	ET	BALTIMORE D. STREET ADDRESS (If rural, give location)	0-01			
		BALTIMORE, MARYLA		1200 VALLEY STREE	= T			
	5. S	EX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF RIPTH 9 AGE (to years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.			
		USUAL OCCUPATION (Give kind of work 108, KIND O	DIVORCED (specify)	3-14-1893 (ost birthdoy)	Months Doys Hours Min.			
	tOA.	USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
		LEVATOR OPERATOR		MARYLAND	U.S.A.			
		FATHER'S NAME		14. MOTHERS MAIDEN NAME				
1		MICHAEL J. GUNI	VING	KATHERINE ELL	15			
	15. V	Was Deceased Ever in U. S. Armed Forces? ,na ar unknown) (If yes, give war ar dates of service)	11.6. SOCIAL	17. INFORMANT	ADDRESS			
		No	313-10-07516	LITTLE SISTERS OF THE POO	BALTIMOS MA			
		18. 4 2 3 . /	CAUSE OI	F DEATH	INTERVAL BETWEEN			
		DISEASE OR CONDITION DIRECTLY	(2. V. A	ONSET AND DEATH			
		LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO						
	heart failure, asthenio, etc. It means the disease, injury or complication which coused deoth.)							
ANTECEDENT CAUSES (B) DUE TO								
0		DISEASES OR CONDITIONS, if any, giving						
3		rise to the above cause (A) stating the UNDERLYING CONDITION last.						
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	G					
	AT	DISEASE OR CONDITION CAUSING IT.		100 A				
	ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?			
	0	21A. ACCIDENT WAS UNDERLYING 21E	R PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If in Baltimor	re City, give exact lacation)			
	CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		fice bldg., INJURY OCCUR?				
3		O.P. INLLIAN	. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	151	(APPROX.)	nile At Not While					
		22. I certify that (I) (this hospital) attended	he deceased from	1966 to	1,25 1967			
9	22. I certify that (I) (this hospital) attended the deceased from 1966 ta 1967, that (I) (we) last sow the deceased olive on 1967 and that in (my) (our) opinion death occurred an the date							
	and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.							
		23A. SIGNATURE	//-		23 B. DATE SIGNED			
		to contry (f.	Phys	Med. Stoff Phys.	4,27.6>			
		23C. PHYSICIAN'S NAME (Type)	6	23D. ADDRESS				
1		STANLEY ANK		1101 MAIDEN CHOICE LANE	BALTIMORE, MD.			
	24A	BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CRE	MATORY 24D OCATION (C	ity, tawn, ar county) (State)			
	C	mial 7/28/0/ L	alharead	2 Dallmar	1 10			
	25A	DATE REC'D BY HEALTH BEPT. 1258. NAME	OF REGISTRAR	25. FONERAL OPRECTOR	ADDRESS 2 UTT			
	Ve 1	APR 2 7 1967 (12 2 2 150-REV. 1/1/65	E tackeutte	July He wige	mo Unlares			
	A 2	JU-NE V. 17 17 03	24 4 24 6	0				



	-7 20	OP	4 2 (0)	0	BALTIMORE (CITY HEALT	H DEPARTMENT	\ /	CIT	14.76
	TH NO.	61	413	9	CERTIFIC	CATE	OF DEATH	Registered N	0.0	4133
1. N	E. CASE NO. IAME OF DEC	EASED					2. DATE AN	D HOUR OF DEAT	тн	-
	Allce I				IGHTNER			4-26-67		110:00 A. M
	FULL NAME OF (If not in hospitol or institu				ion give street	A. STA	TE B. COUN RYLAND	e deceased lived. II TY	f institution:	residence before admission)
1	INSTITUTION BALTIMORE CITY H			TY HO	SPITALS	c. cit	Y OR TOWN (If our	side city limits, wri	te RURAL o	and give township)
	31	4940 E. Baltim					6 NORRIS LA	rurol, give locotion) NE - 212	221	
5. S	FEMALE	6. RACE NEGI	20		NIED, NEVER MARRIED WED, DIVORCED (specify) MARR IED			9. AGE (In years lost birthdoy)	If Und Month:	der 1 Yr. If Under 24 Hrs. S Doys Hours Min.
IÓÀ don	USUAL OCC e during most of	working tife, eve	kind of work on if retired)	10B, KIND	O OF BUSINESS OR INDUS		OUTH CAROLI	-	12. CI W	TIZEN OF HAT COUNTRY?
	Same	₩E	Hil	26	7	14. MC	ANN A	Hill		
15. Yes	Was Deceased s,na oi unknowr	Ever in U. S. (If yes, give	Armed For war or dote	ces? s of servi	SECURITY NO.		RDS: BCH,49	40 Eastern	Ave.,	Balto.Md.2122
	18.44 43 X 14 260				CAUS	E OF DEAT	Н			INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH					tiple CVA's			2 years	
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,						98888 888 88 88 88 8 8 8 8 8 8 8 8 8 8			
	injury or complication which caused death.)			HASCVD & Diabetes				years		
	ANTECEDENT CAUSES			DUE TO		9 9 9 9 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		*****************		
	DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stating the (C)					****	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	UNDERLYING CONDITION lost.									
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								1	
ERTIFICA				OR WHICH OPERATION	20 A	NO	20B. IF YES, WEI	RE FINDING	S CONSIDERED F DEATH?	
CAL CE	U 21A. ACCIDENT WAS UNDERLYING ☐ 2 OR CONTRIBUTING ☐ CAUSE OF ☐ 1 ✓ DEATH (notily medical examiner)				21B PLACE OF INJURY (e. home, form, foctory, stree etc.)	g., in or obou t, office bldg	21 C. WHERE DID	(If in Boltin	nore City, g	ive exact location)
	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)			(Hour)	21E, INJURY OCCURRED While At Work Not Work	While	21F. HOW DID INJ	URY OCCUR?		
	22. I certify	that XI) (thi:	s haspital) attende	ed the deceased fram		18 1	9.67.ta	4-26	1967
	that (1) (West last saw the deceased alive an 4-26 19 67 and that in (my) (West opinion death accurred an the date and haur and from the causes stated above. (1) West (did) (did not view the bady after death.									
	23A. SIGNATURE								23 B. D.A	ATE SIGNED
	Phys.					Attending Phys.	Med. Director	Stoff Phys.		-26-67
	23C. PHYSICIA NAME (T	unel //	J. MIS	HELEV	ICH M		O Eastern A			
24A	BURIAL CRE	MATION, 24B	DATE	240	C. NAME of CEMETERY or				(City, town,	
25A	Buria DATE REC'D	BY HEALTH	-30-G	7 25B. NA	Me OF REGISTRAR	ent	FUNERAL DIRECTOR	James	l	mel
		APR 27		Robe	il E , Sarkey M	El	oy O Wels	on jura	Bro	entter all
15	150-REV. 1/1/	5.5				11/2	08			



1.	1-2	Cb.
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Adeceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
IMPORTAN	r or his assistant . Also, if the di Jre of any kind;	onounced death attendance on almed or final di
FUNERAL DIRECTOR: IMPORTANT	od by the chief medical examiner ospital by a medical examiner.	pt where the physician who pro (6) No physician was in regular ned before the remains are emba
•	This certificate must be approved the body was released to the halows: (1) An accident of any ne	was D.O.A. at a hospital (excedeceased prior to death); and written approval must be obtai

07 43.40	BALTIMORE CITY	HEALTH DEPARTMENT		67 4140
BIRTH NO. 67 4140 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	07 4140
TI. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	SHINGTON	QUEEN 41	HOUR OF DEATH	700 AA
FULL NAME OF (II not in hospital or institut HOSPITAL OR address or location)	ian, give street	MD	side city limits, write RU	RAL and give tawnship
SINAL MOSPITAL OF	BALTMORE	D. STREET ADDRESS (III) 4211 SPC	INGDAC	E AVE
	RIED, NEVER MARRIED (Specify)	5/0/87	9. AGE (In years last birthday) 79	If Under ? Yr. If Under 24 Hrs Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINI dane during most of working life, even il retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Side or foreign)	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
JOHN QUEEN		14. MOTHER'S MAIDEN NAM	RY E, G	DUEEN
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give war ar dates af servi	16. SOCIAL SECURITY NO. 215 09-008	17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE O		and interes	ONSET AND DEATH
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)		Missellofic (Lan Heart D., 3ETES MECC		3 M 0.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi rise to the obove cause (A) slating UNDERLYING CONDITION lost.		CONSTAL VASO		D4 L845T
O OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ITING			007.
	OR WHICH OPERATION	20A. AUTOPSY? (Yes at Na	208. IF YES, WERE FII IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, a etc.)	n ar abaut 21C. WHERE DID INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
21D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Nat While Wark Nat Wark	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this haspital) attend that (I) (we) last sow the deceased olive	. /		9ta ot in(my) (aur) apini	on death occurred on the da
and hour and fram the causes stated above 23A. SIGNATURE	rank M.D. All	ending Med. S. Director	Staff Phys.	23B. DATE SIGNED 4 / 26 7
23C. PHYSICIANS NAME (Type) SHGZDU N 24A. BURIAL CREMATION, 24B. DATE 24	FRAN KM.D.	SINAL HOS	PRAL CONCATION (City,	F BACT (40K=
BURIAL S/1/67 25A. DATE REC'D BY DEAL OF PERSONAL	TSALTO NAT	25C. FUNERAL DIRECTOR	91TO, MI	ADDRESS
VS 150-REV. 1/1/65	But E. Fallages	WM.C.	MARCH 9	28 E. NORTH

SINH TUSPITAL OF MITHORE TILL SPRINGON OF HIME FF 10/07 . O 10. IIS Equest CHART DIMBETTOS WELLTON - Africage April 2011 State of 12 / + = / + = = / + Abelden Frank SHEEDIN FRANCE SHALL SHEET OF BALLIM

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death. Such except written approval must be obtained before the remains are embalmed or final disposition is made.

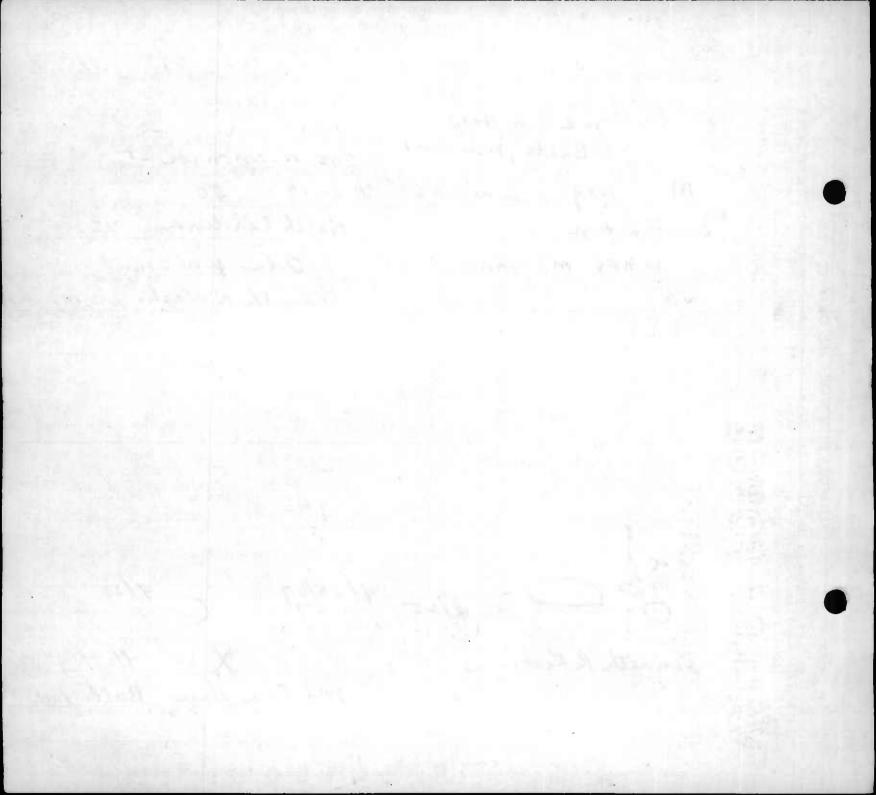
OPN ALLE	BALTIMORE CITY H	EALTH DEPARTMENT		CPY AAAA
BIRTH NO. 67 4141 M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered Na	67 4141
1, NAME OF DECEASED (Type or Print) Bacon, P	earl.	4 8	7 1 2	112:21Pm
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		STATE B. COUN	e dece∉sed lived. Il insti TY	tution: residence before admission)
FULL NAME OF (If not in hospital or institution, grand oddress or location) INSTITUTION		CITY OR TOWN (IF BUT	side city limits, write RU	RAL old giv township)
Transford agence D No	saita		ural give (postion)	St. Place
5. SEX 6. RACE 7. MARRIED, N. WIDOWED	DIVORCED (apocity)	DATE OF BIRTH	O. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Norths Days Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY TI	BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF
done during most of working life, even if retired)	Market Ma	Richmond Co	· Va.	WHAT COUNTRY?
13. FATHERS NAME Laurs -	-	ACTOR Sac	tion	
15. Was Deceated Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war ar dates of service)	6. SOCIAL 17 SECURITY NO. 17	· INFORMANT		ADDRESS
18. 330 X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C.,	m. al 2.	1 home	2 1 6
(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It meons the disease,	DUE TO	oogeen mo	-or randing	12 rang
injury or complication which coused death.)	U., 4	1	1220 1	
ANTECEDENT CAUSES	DUE TO	andrew,		
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR W. WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
U 21 A. ACCIDENT WAS UNDERLYING 218, P	LACE OF INJURY (e.g., in a lorm, factory, street, offic	obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact lacotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, I	NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	CALL HIGH
(APPROX.) While	Not While [
22. I certify that (I) (this hospital) attended the	deceased from	124	96) 10	24 1967.
that (I) (we) last saw the deceased alive on	4/20	19.6 7 and the	it in(my) (aur) aplnie	on deoth accurred on the date
and haur and from the causes stated above. (1)	(We) (did) (did nat) vie	w the bady after death.		
23A. SIGNATURE				B. DATE SIGNED
Marin Cullseisu	M.D. Attend	Director	Staff Phys.	4 24167
23C. PHYSICIAN'S NAME (Type)		S () W	201000	10 (Bastern)
24A. BURIAL CREMATION, 124B. DATE 124C. NA	ME of CEMETERY OF CREM	ATORY 24D. Le	estevo v	lown, or county) (Stote)
BEMOVAL (Specify)	1/ 2 in 1	29 11	CANA T	O'ld
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF	REGISTRAR	25C. PUNERAL DIRECTOR	in and	AUDKESS F
	. Falley MA	Welliams Fun	ulid Harro	3/9/ Sphraeder St
VS 150-REV. 1/1/65	7600	4 1 4 0	The state of the s	THE THE WASTER

Wall and Tub tengon . . Limited las:

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BIRTH NO. 67 4142	CERTIFICA	TE OF DEATH	Registered No.	67 4142
M.E. CASE NO.	,			
1. NAME OF DECEASED (Type or Print) JAMES	S'MARTIN	4	-25-67	1/30 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If institu	ution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution) The General American Control of the c		c. CITY OR TOWN OF OUT	gide city limits, write ROR	AL ord give township
	md 2/201	D. STREET ADDRESS (If	rurol, give locotion)	5-
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	nonve.	Under 1 Yr. If Under 24 Hrs.
111 /Veg. 2	MARRIED (specify)	11-11-16	50	
ion, USUAL OCCUPATION (Give kind of work 10 B. Kild on during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign	arolena	2. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		0(2)1
JAMES M.	MARTIN.	Ida	unkni	nun
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (It yes, give wor or dates of se	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT Kennett	L R Kosh	ADDRESS Einen, MD
18. 592 X I	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in Cl	mis Glome	mle Tulum	
(This daes nat meon the mode of dying, heort failure, osthenio, etc. It meons the disinjury at camplication which caused death.)	sease,	***************************************	Nephoto	
ANTECEDENT CAUSES	(B) ULL	mics -	***************************************	***************************************
DISEASES OR CONDITIONS, if any, rise to the obave cause (A) stating UNDERLYING CONDITION lost,	giving			
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
198. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FINE	
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore Ci	ity, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work		JRY OCCUR?	/
22. I certify that (I) (this hospital) atten		1/	9ta	4/25 19 67
that (I) (we) last saw the deceased alive		1 -1	ot in (my) (aur) pinia	n death accurred on the date
and haur and from the causes stated abo	ve. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	M.D. Att.	ending Med.	Stoff Phys.	B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	70070	23D. ADDRESS	1/	Danka I
KENNETH K. K	4C NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION CCity,	Salto Mal
BURIAL (Specify) 4-30-67	Kondside 1	em. Her	-F1	N.C.
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	Doell Ell	ADDRESS
APR 27 1967 : 12 12	TO YEAR CORRECTION	1110 MIONETOR TO	14col F.H.	1101 KHULER



-	215	BALTIMORE CITY	HEALTH DEPARTMENT						
	BIRTH NO. 5 67 4143	CERTIFICA	TE OF DEATH Registers	ed No. 67 4143					
1	M.E. CASE NO.	A	2. DATE AND HOUR OF	DEATH DE					
	(Type or Print) Sadiet Stewar	t	4/25/67 13°P M						
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	ed. If institution: residence before admission)					
	FULL NAME OF (If not in hospital ar instituti HOSPITAL OR oddress ar location) INSTITUTION	on, give street	BALTIMORE C. CITY OR TOWN (If outside city limits	, write RURAL and give township)					
	BALTIMORE CITY HO	SPITALS	MARYLAND						
	3 4940 EASTERN AVEN	UE	D. STREET ADDRESS (If rurol, give loco	tion)					
	BALTIMORE 21224, M	ARYLAND	1411 DIVISION ST.	#21217					
	5. SEX 6. RACE 7. MARR	TED, NEVER MARRIED WED, DIVORCED (specify) NIDOW	8. DATE OF BIRTH 3-8-96 9. AGE (In yet lost birthdov)	ors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
	10A. USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	done during most of working life, even if retired) Acuse 1 4	1	MADVIAND						
	13. FATHER'S NAME	Jome	MARYLAND 14. MOTHERS MAIDEN NAME	U.S.A.					
	DENN IS DORSEY		FRANCES DORSEY						
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
	No.	219-16-3040A	RECORDS: BCH 4940 EA	ASTERN AVENUE #21224					
	18. 153.8 I	CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		2 0	0 (5					
	(This does not mean the mode of dying,	(A) DUE TO	Ideno carcinoma a	b mos					
		heart failure, asthema, etc. It means the disease, injury or complication which coused death.)							
	ANTECEDENT CAUSES	(B)							
1	DISEASES OR CONDITIONS, if any, given								
	rise to the obove couse (A) stating UNDERLYING CONDITION lost.	the (C)		***************************************					
	11								
	E TO THE DEATH BUT NOT RELATED TO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES,	WERE EINDINGS CONSIDERED					
	WAS PERFORMED	OK WHICH OFERATION	NO ZON THE STATE OF THE STATE O	NG CAUSES OF DEATH?					
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	21B PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	ice bidg., INJURY OCCUR?	Boltimore City, give exact location)					
	D 21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?						
	OF INJURY (APPROX.)	While At Not While At Work							
	22 1		4/22 196710	4/25/ 1067					
	22. I certify that (I) (this hospital) attended	11/~~	11 65	7/23/ 19 6/.					
	that (I) (we) lost sow the deceased alive	14		our) opinion deoth occurred on the dote					
1	ond hour ond from the couses stoted oboy	e. (I) (We) (did) (did not) v	iew the body ofter deoth.	*					
	23A. SIGNATURE	M.D. Atte	nding Med. Staff	23B, DATE SIGNED					
	William Oi In	Phy:	s. Director Phys.	7/25/67					
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	#21224					
	DR. WILLIAM		BALTIMORE CITY HOSPITA	ALS 4940 EASTERN AVENUE					
	24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)					
	BURTA1 4-29-67	Bysh Pack (em. Cooksu	ille Md.					
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS					
	APR 27 1967 (1) 2	A E intadeuga	MORTOPH Due TI	F. H. 170 LAURENS					
1	VS 150-REV. 1/1/65		1 1 5 V						



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OM		BALTIMORE CITY HEALTH DEPARTMENT	1
BIRTH NO.	4144	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg	i
M.E. CASE NO.			

	CASE NO	******* P /	MILDICA	LLAMINI	N J CL	KIIICAII	LOII	DLA III Kegi	Pred Ma		
	L CASE NO.	CEASED				12	DATE AN	D HOUR PRONOUN	CED DEAD		
(Ty	pe or Print)		CHARI	ES H. WISS	MAN		4-24			7:30 P	M
3. P	LACE IN BAL		YLAND, WHERE	PRONOUNCED DEAD		4. USUAL RESIDEN A. STATE Maryland	ICE (Where	deceased lived. If in	stitution: resi		
HO	L NAME OF SPITAL OR TITUTION	(IF NOT ADDRES	IN HOSPITAL OR S OR LOCATION)	INSTITUTION, GIVE ST	REET			e corparate limits, w	rite RURAL o		
	38	UNIVER	SITY HOSE	TITAL		Baltimo: D. STREET ADDRES	SS (If rural,		21230	53-1	20
5. S	EX	6. RACE	7. M	ARRIED, NEVER MARRI	ED	B. DATE OF BIRTH	onar ab			r 1 Yr. If Under	24 Hrs.
	Male	White	WIDO	WED, DIVORCED (spec	ify)	12-16		9. AGE (In year last birthday) 55		Days Hours	
don	ELECT	RON1	en if retired)	ESTING HOL		11. BIRTHPLACE (Ste		jn count ry)		EN OF IT COUNTRY?	
13.1	FATHER'S NAM	NRY	H. 11	11SCMAN		FLLA M	*	TOHEL			
		D EVER IN L	S. ARMED FOR		10	17. INFORMANT	. , , ,	, 0,, 22	ADDRES	S	
ites	, no or unknowr	it yes, give	wor or dotes of s	217.05.		THELMA	Wis	SMAN S	AME	AS *	4
	18. 4/	6 X			CAUSE	OF DEATH		Mary No.		INTERVAL BE	
	DISEA	SE OR CON	DITION DIRECTL	Υ	- 1					ONSET AND	DEATH
	(This does	LEADING th		, e.g., (A)		eumatic hea	art di	sease			
	heart foilure injury or co	, osthenio, etc mplication whi	e mode of dying . It meons the d ch coused deoth.)	iseose,							
	ANTECEDENT CAUSES										
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE										
		NG CONDIT		5 INL						Emile.	
0		- 11		(6/							
CERTIFICATION	TO THE	NIFICANT CO	NOT RELATED								H H H I I I I I I I I I I I I I I I I I
CERT	19A. DATE OF	OPERATION	19B, CONDITIO	N FOR WHICH OPERATED	ION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE			
	21 A. EXTERNA UNDERLYING UTING □ CAL	OR CONTRI	B-	21B. PLACE OF INJI home, form, foctory, etc.)	JRY (e.g., i street, o	n ar about 21C, WH ffice bldg., INJURY C	ERE DID	(If in Baltimore City,	give exoct le	ocotion)	
ME	21D TIME	(Month) (I	Doy) (Yeor) (H	our) 21E. INJURY OC	CURRED	21 F. HOW	V DID INJU	JRY OCCUR?			-
	OF INJURY (APPROX.)			WHILE AT	NOT V	WHILE					
	22.	tify that I b	eld an Inquir	m. WORK	Y Aut		hat an thi	is bosis, deoth in	my aninia	n	
			latural causes	300	Suicide			Indetermined man			
			1		00.010	_	_	AMINER -			
	ACTUA SIGNAT		mer-la	7 5	M. D.	A COLOTANIT ME				DATE SIG	NED
	EXAMIN	IEPK		5/-	M. D.	ASSOCIATE MEI				4-25-6	7
02.0	NAME (71 .		SPITZ, M.D.			1000				5
	BURIAL CRE		B. DATE	23C. NAME of CE			1		ty, town, or	county) (State)
244	BURIA	EV HEALTH	7/28/6	NAME OF REGISTRAR	AII			DOODLA		DDRESS	0.
L4P	A A	APR 28		2. 6 2 Fail	eo M.B.	3.7.57		307V64		n DSO Z	mil
٧s	151-REV. 1/1/	27 1 70 0	1001	0 1 7 0	2	071.011	10 31	Jorg al	,,	- 200 1	
			/46,-1	7010	i	0 4	5 1				

1161-91-01 PLEASTREAM WESTERN NEWS THE THE HENRY H. WINSHIM ELLER FRIETERES BURINE 4/23/27 LOVERDINE WOODLARD The was the said the said - the said

23C. NAME of CEMETERY or CREMATORY

MICA COWYIC

248, NAME OF REGISTRAR

ASSOCIATE MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

Cemetery

23D. LOCATION

EXAMINER'S

NAME (Type)
23A. BURIAL CREMATION.

24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/65

Burral

WERNER U. SPITZ, M.D.

23B. DATE

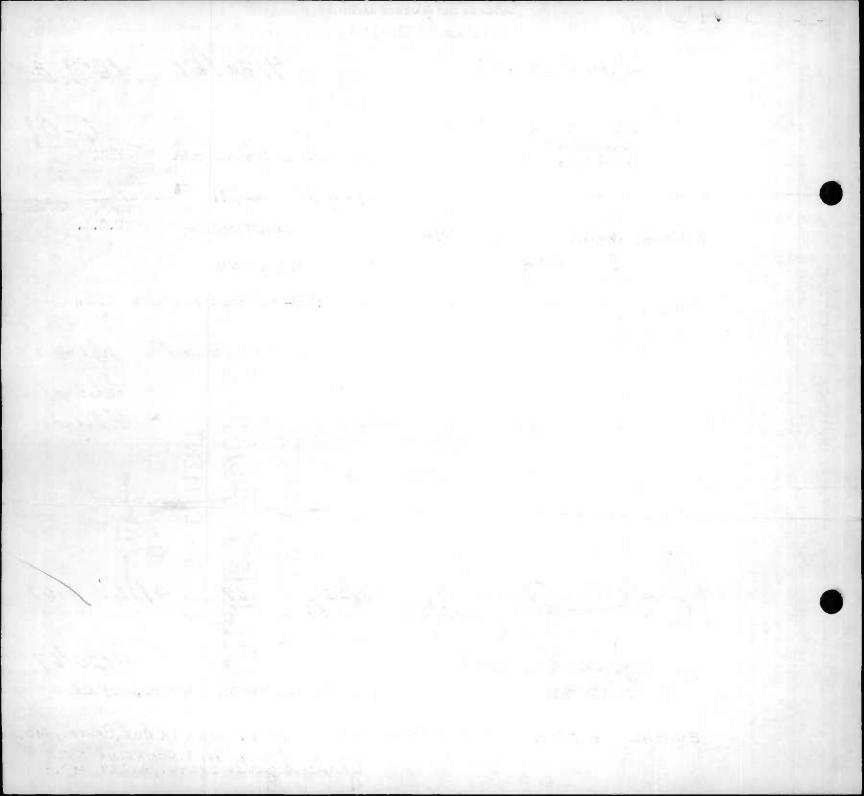
4-25-67

(City, town, or county)

(Stote)

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If autside city limits, write RURAL and give township) 21224 If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 21224 Records: BCM-4940 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that in(my) (our) opinion death occurred on the date 23 B. DATE SIGNED 4940 Eastern Avenue, Baltimore, Maryland shows: (1) A was D.O.A. eceased 3801 FREDERICK AUE. BALTO., MD. 4-29-67 LOUDON PARK CEM. BURIAL 25B. NAME OF REGISTRAR 901 S, CONKLING ST. 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR , eller BALTO, 21224, MD VS 150-REV. 1/1/65

If Under 24 Hrs.



shows: (1)

ceased D.0

Was

(5) Deceased of death

uo

ance

attend

regular

0

CERTIFICATE OF DEATH

2. DATE AND HOUR OF DEATH

2	:00	Δ	

1. NAME OF DECEASED Type or Print)

WILHELMINA SNYDER

April 25 , 1967 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION

610 S. East Ave. Baltimore . 21224 . Md.

Md. C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore

Registered No.

D. STREET ADDRESS (If rural, give lacation)

610 S. East Ave. #

5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED Ispecify) Aug. 24, 1908 White Married Female 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. House Work At Home Baltimore , Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

17. INFORMANT

John Poetzel

Anna Mullaney

15. Was Deceased Ever in U. S. Armed Forces? IYes, no or unknown) (If yes, give wor or dates of service)

6. SOCIAL SECURITY NO. 220-05-2317

John C. Snyder

ADDRESS Same.

> INTERVAL BETWEEN ONSET AND DEATH

CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) slating the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION

20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

(If in Boltimore City, give exact location)

21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED Not While | (APPROX.)

21F. HOW DID INJURY OCCUR?

At Work 22. I certify that (I) (this hospital) attended the deceased from December that (1) (me) last saw the deceased alive an April

.....ond that in(my) (but) apinian death accurred an the dote

and hour and from the causes stoted abave. (1) (We) (did) (titd not) view the body after deoth.

23A. SIGNATURE

Attending Phys. 23D. ADDRESS 4-26-67

NAME (Type) Melito M. Torres

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

Med.

441 S. Ellwood Ave. Balto., 21224 . Md.

23B. DATE SIGNED

24A. BURIAL CREMATION, 24B. DATE 4-28-67. Sacred Heart Cemetery Burial

7401 German Hill Rd. Ba. Co., Md.

Solver E Faller MA

901 S. Conkling St. 2SC. FUNERAL DIRECTOR Balto., 21224, Md.

VS 150-REV. 1/1/65

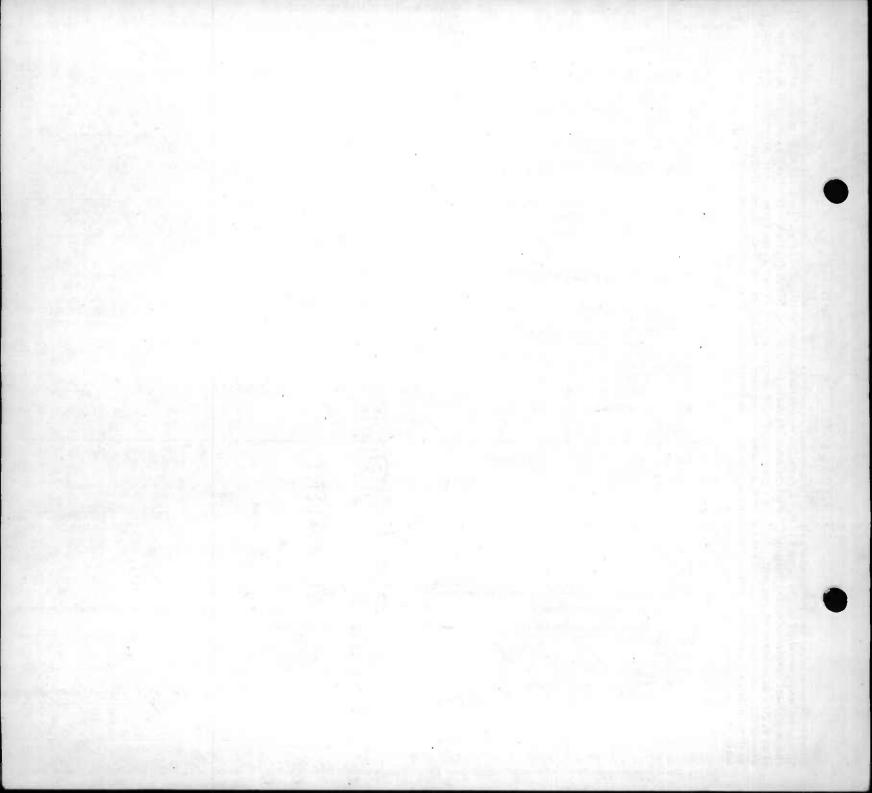
23C. PHYSICIAN'S

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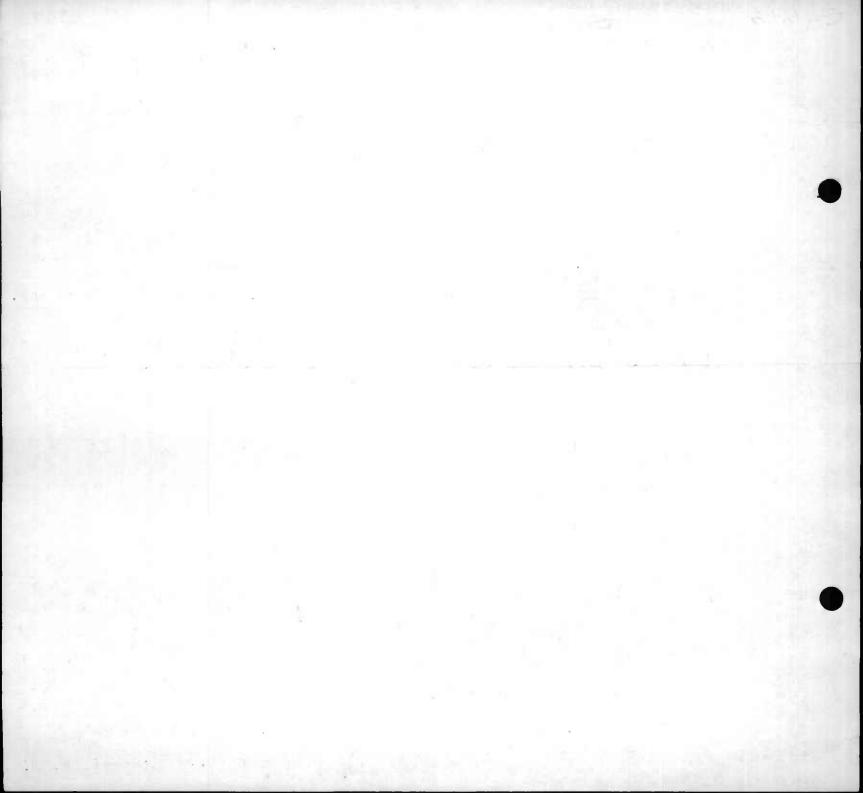
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	in a hospital and g cause of death ause; (5) Deceased	ttendance on the
•	leath occurred or contributing	deceased pricition is made.
IMPORTANT	or his assistant if d Also, if the direct e of any kind; (4) L	counced death was attendance on the med or final dispos
FUNERAL DIRECTOR: IMPORTANT	edical examiner dical examiner.	ysician who pron was in regular mains are embali
FUNERA	ed by the chief m hospital by a mer ature; (2) Body bu	(6) No physician ined before the re
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C1994 A 8 8 C1	BALTIMORE CITY	HEALTH DEPARTMENT		OF ARAG
BIRTH NO. 67 4148	CERTIFICA	TE OF DEATH	Registered No	67 4148
M.E. CASE NO.	O DIKTING O			
Type or Print)		. /	ID HOUR OF DEATH	
ROSE WOZ	IL CZN	1 4/-	21-67	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				stitution: residence before admis
		A. STATE B. COUN	TY	
FULL NAME OF (If not in hospital or institution, g	ive street	Md.		
HOSPITAL OR oddress or tocotion)			tside city limits, write R	UKAL and give township
INSTITUTION	+	11/		4-0)
5 Church Home	2	OHITIM.		
I NORON		D. STREET ADDRESS	rural give location)	5.7
		155 2.	GONG	2
SEX 6. RACE 7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
	, DIVORCED (specify)		tost birthdoy)	Months Doys Hours M
1- W		1-21-45	73	
OA, USUAL OCCUPATION (Give kind of work 10 B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fores		12. CITIZEN OF
one during/most of working life, even if retired)	11.00	, ,	,	WHAT COUNTRY?
La. 50 1518e		MARXIA	INC	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	MF	1
or Indiana divide	,	THE PROPERTY OF THE PARTY OF TH	*15	
E1)111ABI) 1/211	11			
1- 100 17 TY /1100	1/ 00 1/1	17 11150711111		Appered
5. Was Deceased Ever in U.S. Armed Forces? Tes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	512 -00 CIC-	6116-10 1	13710	101 500
Nº 0	13-07-0187		1)210021	
1B. 5 / 0 V	CAUSE OF	F DEATH	1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Λ		11	ONSET AND DEATH
LEADING TO DEATH	Flora	ERIOSCHEROTE	HEART DIS	FAST TT. A
	(A)/47CI	CHIULARICO I C	1 10/10/1 - 10/	3 410
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DOE TO			0
injury or camplication which caused death.)		1 M_		100
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ANTEGEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, giving				
rise to the obave cause (A) slating the	(C)			
UNDERLYING CONDITION last.	-			
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.	WILCH ARRASTAN	120 A A LI TORENO (V	J OOR IF YES WEST	NIDING CONSIDER
19A. DATE OF OPERATION 19B. CONDITION FOR V	THICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	JSES OF DEATH?
WAS PERFORMED				
21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY le.g., in	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF hom		fice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	le At Not While	e —		
(APPROX.)				
22. I certify that (I) (this haspital) ottended th	a deceased to 1	1 7/15	10/0 4	4/21 10/
22. I certify that (i) (this haspitol) offended th	e deceased from		1960 to	19.6
that (I) (we) last saw the deceased alive on	4/7/6	19and th	ot in(my) (aur) opi	nion death occurred on the
ond hour and from the couses stated obove. (I	/ (me) (aid not) v	lew the body offer deoth.		
23A. SIGNATURE				23B, DATE SIGNED
Other 15 Wash	M.D. Atte	nding Med.	Stoff	1/201/15
July 100	Phys		Phy s.	4/2/10/
23C. PHYSICIAN'S NAME (Type)	/ 2	23 D. ADDRESS		[]
100111 1	and M.D.	129	5 man de	mu 1/2 1/2 2.
100 N 10.10	JINANV	101 09	Jua all	ay were 71
AA. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ly lown, or county) (St
	INP.	1711 -1	2 1/1	Pot mas
BURIAL 4-25-67 HO	1/Y KOSA		1A170	(- /WC
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		25C. FUNERAL DIRECTOR	1 /	ADDRESS
APR 281967 R. C. B. E	tarber MA	LAVE WA	1 KAn	TABALLER
		THUGGEO,	01/11/0	BOLOW DAY
/S 150-REV. 1/1/65			1 1 1 1	1



BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH of death Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) OD 12 hospital 1115 death. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) ance B. COUNTY cause; (5) cause FULL NAME OF HOSPITAL OR INSTITUTION ALTIMORE (If not in hospital or institution, give street oddress or location) CITY OR FOWN (If outside city limits, write RURA), and give township) attend EROURS contributing D. STREET ADDRESS or final disposition is made. (4) Undetermined in regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9, AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased Hours WIDOWED, DIVORCED (specify) 10-11-02 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BRADSTREET d 4.5 MARISLAN Was the 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME ANNIESPINDLER eath O 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT SECURITY NO (Yes, no or unknown) (If yes, give wor or doles of service) attendance no none *212-01-*80 Carper 141 Newburg Ave. any pronounced CAUSE OF DEATH INTERVAL BETWEEN 610 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH fracture (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, regular injury or complication which coused death, who ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the physician UNDERLYING CONDITION Iosi. obtained before the remains burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? the 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) to the hospital °Z MEDICAL DEATH (notify medical examiner) nature; whe 9 (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except ; and (6) OF INJURY While Ar Not While (APPROX.) Work At Work of any 22. I certify that (n) (this haspital) attended the deceased fram..... death); that (N (we) last saw the deceased alive an. and that in (ha) (aur) apinion death accurred an the date hospital and haur and fram the causes stated abave. (M (We) (did) (did not) view the bady after death. must shows: (1) An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. 2 approval O 23C. PHYSICIAN'S 23D. ADDRESS prior NAME Type at D.O.A. 24A. BURIAL CREMATION, eceased REMOVAL (Specify) Burial Apr. 29, 1967 New Cathedral Cemt Baltimore, Maryland OS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR STERLING FORNERAL ESTATE Edmondson Av., Catonsville, Md. VS 150-REV. 1/1/65



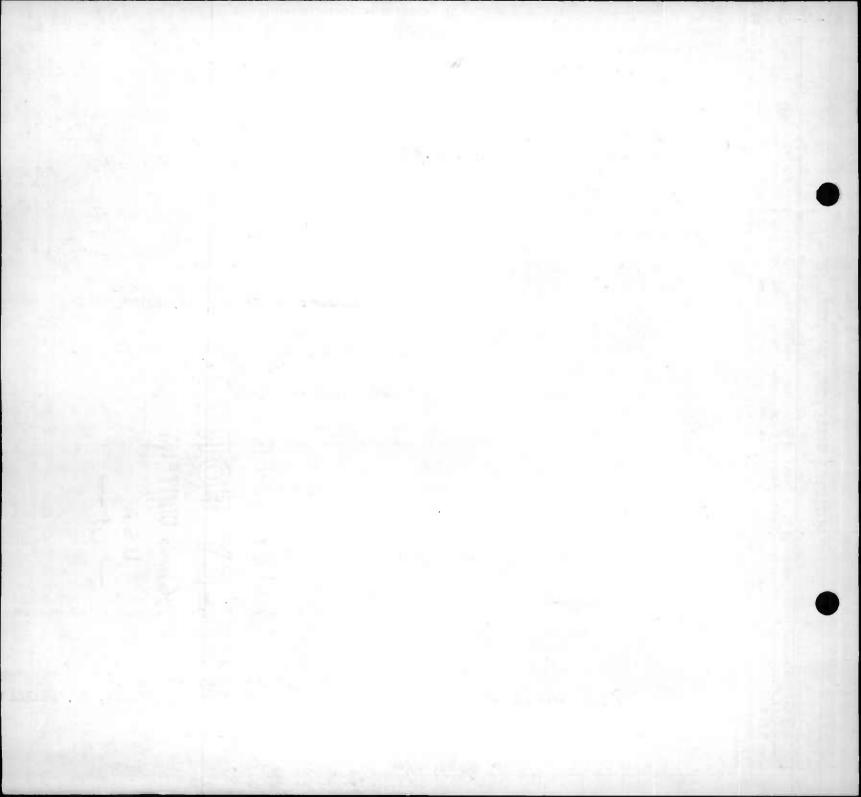
C-	-251
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	iner. ractu pro pro gular
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	s: (1) D.O.A.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined causes D.O.A. at a hospital (except where the physician who pronounced death was in regular attedeceased-prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.

		01	4150		CEDTIE	CATE OF DEAT	TH	Registered No	01	4150
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	CASE NO.	ASED				2. DA	ATE AND	HOUR OF DEATH	Н	
(Typ	e or Print)		0	caline		4	any.	1 76	19/ 7	5.115
3. P	LACE OF DEA	TH IN BAL	TIMORE, MA	RYLAND		4. USUAL RESIDENCE	E (Where	deceased lived. If	institution: res	idence before odm
C	FRT	FIC	ATE	or install	FNDFD	A. STATE B.	COUNTY			
1	ULL NAME O	oddr	of in hospitates ess or location	ar institution;	5-17-6	MAKPE	LAN) <u>Y</u>	BIIDAL	
11	NSTITUTION				2-11-0	Rn =	2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE Where deceased lived. If inst B. COUNTY OWN Ill outside city limits, write RL CTIM ORC DORESS (If rural, give lacation) 3. AGE (In years lost birthday) 6. MAIDEN NAME 1. COSIN M. COSIN M. COSIN M. COSIN WHERE DID WHERE DID WHERE DID WHERE DID WHERE DID And that in (my) (aur) apinitation of the death. Med. Director Phys. UNION MEMORIAL HO	e KUKAL ond	give township!	
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5. S	FY	6. RACE	B 4 4 4 7	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH 91	10			1 Vr. If Under 2
	EMALE			WIDOWED	DIVORCED Ispecif	07-07-4	19 10:	st birthdoy)	Months	1 Yr. If Under 2 Days Hours /
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13. 1	FATHER'S NAM	1E				14. MOTHER'S MAIDE	EN NAMI	E		
	KRAM	AR				UNITE	Mari	n		
15. \	Nas Deceased	Ever in U.	S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	7000			ADDRESS
Yes	, no or unknown)	(If yes, giv	re war or date	s of service)	SECURITY NO.		. 60.	SIN		Emme
	No							SON		
	1B. 44	3 X		1	CAU	SE OF DEATH	/			NTERVAL BETWEE
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	heart failure, injury ar cam	asthenio, e plication w	elc, II means which caused NT CAUSES	the disease, death.)	DUE TO	Gesterswi	at	monlus	Cu'	0-75-
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MEDICAL CERTIFICATI	DISEASES OF THE DISEASE OF THE DISEA	ashenio, aplication was an accordance of the condition of	ALSE OF COMMINE OF COM	the disease, death.) any, giving stating the CONTRIBUTING STEED TO THE T. DITION FOR VERY TORMED 21B. hom etc.) 1Hour 21E Whit War an ared abave. (1	PLACE OF INJURY I e, form, foctory, stree INJURY OCCURRED IND At	e.g., in or about 21C. WHERE INJURY OCC While Work 19	DID DID TUR?	20B, IF YES, WERIN CERTIFYING C	E FINDINGS AUSES OF D ore City, give	exoct locotion) 76 196 accurred an th
MEDICAL CERTIFICATI	DISEASES OF THE DESTRUCTION OF T	ashenio, aplication was an accordance of the condition of	ALSE OF COMMINE OF COM	the disease, death.) any, giving stating the CONTRIBUTING STEED TO THE T. DITION FOR VERY TORMED 21B. hom etc.) 1Hour 21E Whit War an ared abave. (1	PLACE OF INJURY I e, form, foctory, stree INJURY OCCURRED IND At	e.g., in or about 21C. WHERE INJURY OCC While Work 19	DID DID TUR?	20B, IF YES, WERIN CERTIFYING C	E FINDINGS AUSES OF D ore City, give	exoct locotion) 76 196 accurred an th
MEDICAL CERTIFICATI	DISEASES OF THE DISEASE OF THE DISEA	ashenio, aplication was an accordance of the condition of	NT CAUSES ITIONS, if cause (A) ION lost. II INDITIONS C IT NOT RELA IN CAUSING I IN 198. CON WAS PERI INDITIONS C IN 199. CON WAS PERI IN 199. CON WAS PERI IN 199. CON WAS PERI IN 198. CON WAS PERI	the disease, death.) any, giving stating the CONTRIBUTING STEED TO THE T. DITION FOR VERY TORMED 21B. hom etc.) 1Hour 21E Whit War an ared abave. (1	PLACE OF INJURY I e, form, foctory, stree INJURY OCCURRED Le At	e.g., in or about 21C. WHERE INJURY OCC While Work 19	DID CUR? DID INJUS IS OF NO!	20B, IF YES, WERIN CERTIFYING C	E FINDINGS AUSES OF D ore City, give	exoct locotion) 76 196 accurred an th
MEDICAL CERTIFICATI	DISEASES OF THE DESTRUCTION OF T	ashenio, aplication was an accordance of the condition of	NT CAUSES ITIONS, if cause (A) ION lost. II INDITIONS C IT NOT RELA IN CAUSING I IN 198. CON WAS PERI INDITIONS C IN 199. CON WAS PERI IN 199. CON WAS PERI IN 199. CON WAS PERI IN 198. CON WAS PERI	the disease, death.) any, giving stating the CONTRIBUTING STEED TO THAT. DITION FOR WE PROPERTY OF THE White was attended the dalive an acted abave. (I	PLACE OF INJURY I e, form, foctory, stree INJURY OCCURRED Le At	e.g., in or about 21C. WHERE injury occ 21F. How Diwork 19	DID CUR? DID INJUS IS OF NO!	20B, IF YES, WERIN CERTIFYING C	E FINDINGS AUSES OF D ore City, give	exoct locotion) 26 19 6 accurred an the signed County) IS

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VS 150-REV. 1/1/65

CZORUWE



VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		
MRTH NO. 67 4152 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	67 4152.
1, NAME OF DECEASED (Type or Print)	7 , /	2, DATE AND	HOUR OF DEATH	10.11
3. PLACE OF DEATH IN BALTIMORE MARYLAND	rnold	A USUAL RESIDENCE Where	deceased lived. If institute	tution: residence before admission)
TEACE OF BEAUTIFUL PARTITURES MARKET		A. STATE B. COUNT		7/
FULL NAME OF (If not in hospitot or institut HOSPITAL OR oddress or location)	ion, give street	1802 6	estaw O.	/ Ace
INSTITUTION	1 1/4	C. CITY OR TOWN III outs	ide city limits, write RU	RAL ond give tawnship)
an Park Hill No		D. STREET ADDRESS (If it	rot, give location)	a HO
1802 Eutaw	Place			
	RIED, NEVER MARRIED			If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
male white	OWED, DIVORCED (specify)	4-20-1885	ost birthday	violins boys Hours with.
OA. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working tite, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
1 8 7	LETTY HAYWARD	BUT Md		11.5.4.
3. FATHER'S NAME	LI-Y' 4 T'RY WAKE	14. MOTHER'S MAIDEN NAM	E /	4
Not Known-10	Cn LENOLL	Not Know	wn LA	usa
5. Was Deceased Ever in U. S. Armed Porces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or dotes of serv	214-01-1349	m. dillin	in Hestah	1 30y vermon
18. 1/33 1	CAUSE O	E DEATH	70 -17 -17	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE O	DEATH		ONSET AND DEATH
LEADING TO DEATH	Tot	enterles Co.	agestive He	unt Failune
(This daes not mean the made of dying,				
hearl failure, asthenia, etc. It means the disc injury at camplication which caused death.)				
ANTECEDENT CAUSES	(B) A · C	5. C. V. D		*** • • • • • • • • • • • • • • • • • •
DISEASES OR CONDITIONS, if any, gi	ving	. 0 7.1 :00	1. 0	t- (a)
uise to the above cause (A) stating UNDERLYING CONDITION last.	the (C) ATy	Har Fibrill	ation d	ue to (15)
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBL				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN	IDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING	OLD BLACE OF INTHONY	140	// D 1/	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in boltimore (City, give exact facation)
21D. TIME (Month) (Day) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Not While At Work			
22. I certify that (I) (this haspital) oftend			66 to Ap	ril 27 1967
that (I) (we) lost saw the deceased alive				
			rin(my) (our) opinio	on deorn accurred an the da
ond hour and from the causes stoted above	e. (I) (me) (did) (did not) v	iew the body after deoth.	10	3B, DATE SIGNED
Cora Valle Co	vero M.D. Atte	ending Med. S		4-27-67
23C. PHYSICIAMS	Phy	s. Director F	toff hys.	7 (1-0)
23C. PHYSICIAN'S NAME (Type)		N=10		
Dr. C. Cavero	M.D.	Kandalls tou		
AA. BURIAL CREMATION, 24B. DATE 24R. REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
BURIAL 4/29/67	JLEN HAV	EN CEMI A	A. COUR	VTY MD
SA. DATE REC'D BY HEALTH DEPT. 1 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	7	ADDRESS

EUNERAL

57

Nursing home has 4-20-1888 - 79 yrs.

Such

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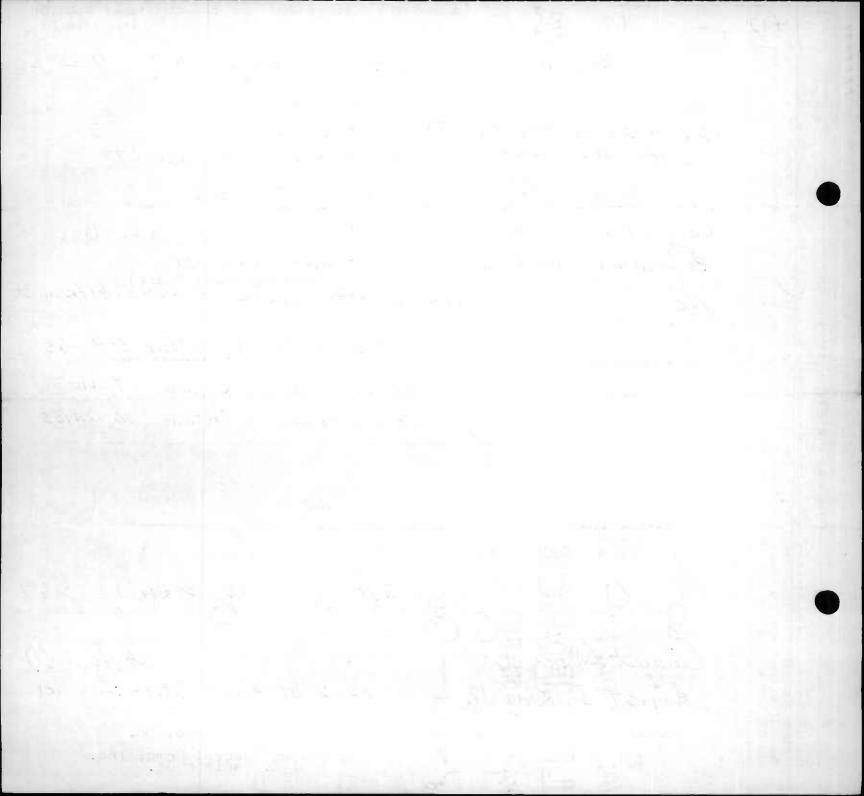
Was

of death Deceased

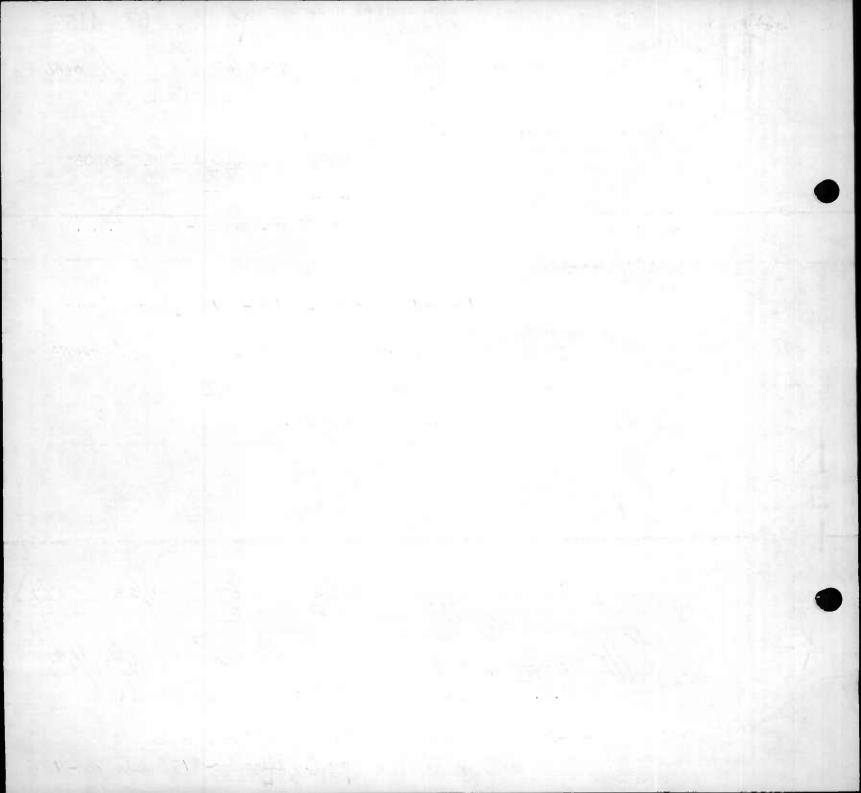
Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. BIRTH NO. I. NAME OF DECEASED 2. DATE AND/HOUR OF DEATH (Type ar Print) Paul Young 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decease) lived. If institution; residence before admission) B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF C. CITY OR TOWN (If outside city limits, write RURAL and give township) (If rurol, give location) 3668 Dudley Avenue If Under 1 Yr. Months: Doys 9. AGE (In years If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Catherine Backas ADDRESS Elizabeth Young, wife, Above INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in(my) (apinian deoth occurred on the date 23B. DATE SIGNED The Johns Hopkins Hospital REMOVAL (Specify) Burial 4/27/67 Loudon Park Cemetery Balto., Md. 25A. DATE REC'D BY HEALTH DEPT. ADDRESS Schimunek Funeral Home 3331 Brehms Lane

Den Tombal phoestestion bless silvetes + bagge limes la of color do

		OPY	4.8.1	4		BALTIMORE	CITY H	EALTH	DEPARTMENT	Γ		CPY	4454
M.E	H NO.	67	415	3	(CERTIFI	CAT	E OF	DEATH		Registered Na		4154
	AME OF DEC	Me	Ivin	Le	roy	Sil	1/e		2. DATE	1 1	HOUR OF DEATH	7 !	7 30 Am.
3. P	LACE OF DEA	ATH IN BALTI	MORE, MAR	YLAND			4. A	STATE	, B. CO	Where	deceased lived. If ins	titution: resider	nce before odmission)
- 1	OSPITAL OR		in hospital o		on, give stre	O /		Ma GIT O	R TOWN (IF	f outsid	de city timits, write RI	URAL ond give	lownship)
C	2617	~ / /					D	. STREET	ADDRESS		rol, give location)	0.	1-00
0	Balt	0. Mc		2/20				261	4 E.	Jo	11 11 22 11		
S. S	10/e	Cau	(12/3	11/	RCED (specifi	y)	DATE O	14 1909	8 10	AGE (In years st birthday)	Months Day:	s Hours Min.
	during most of	UPATION (Give working life, eve 1 TEV				loyed	751KT 11.	1	HIMOVE		Md.	12. CITIZEN WHAT	OUNTRY?
13.	FATHERS NAM	1/12m	Fra	nKI	in	Sible	14.	AV	ERS MAIDEN I	B	raum		
(Yes	Wos Doceasod				- 4	CIAL CURITY NO.	7	NFOR	MANBARD	ara	nee Sau	er) Add	efferson St
	18. 15	4X I			1	CAU	SE OF D	DEATH					RVAL BETWEEN ET AND DEATH
	DISEAS	SE OR CONE		ECTLY		(TIMI 2	1/	Bowel	0	Ibstruction	3-	4 wKs
	injury or com	osthenio, etc aplication whi	. II meons ch coused	the disec	s.g., ose,	DUE TO	rts	,	. 0	,	enond		mos.
		ANTECEDEN DR CONDITI			ina	DUE TO	7.				1 D .		
	rise to the		ouse (A)			(0)	leuo	cayo	inoms	et	- Jectum	10-	124105
ATION	TO THE D	FICANT CON EATH BUT CONDITION	NOT RELAT	TED TO	TING THE								
CERTIFIC	19A. DATE OF	OPERATION	WAS PERF		OR WHICH	OPERATION		20 A. A	NOPSY? (Yes or	r No)	20 B. IF YES, WERE FI	INDINGS CON	ISIDERED H?
AL	21 A. ACCIDER OR CONTRIBL DEATH (notify	JTING CAL	ISE OF		21B. PLACE home, farm etc.)	OF INJURY (e.g., in or	about 2 bldg.,	TC. WHERE DIE	D R?	(If in Boltimore	City, give exc	oct location)
MEDIC	21D. TIME OF INJURY	(Month) (D	oy) (Yeor)	(Hour)		YOCCURRED		2	IF. HOW DID	INTO	RY OCCUR?		
<	(APPROX.)	_			While At [While Work				10 -41	1 - 1	10
		last saw th	e decease	dalive	,, 23	April	0				to (my) (aur) apin	on death ac	curred on the date
	and haur and		ouses state	ed abave	(1) (We)	(qiq) (qiq u	nat) viev	w the b	ady after dea	th.		23 B. DATE SIG	ENED
	Cluga	est X	4 sie	2 8	~	M.D.	Phys.		Med. Director		taff hys.	24/	fil ()
	23C. PHYSICIA MANUELL HUQU	ins ype) 15+	D, R	ina	Jr.			20	CL	F	aul St.	- B	Ho. Md.
24A	BURIAL GRE	MATION, 24E Specify)	. DATE	Pho	NAME of	CEMETERY o	CREM!	ATORY	240	D. LO	CATION (City	, town, or cou	enty) (State)
2.5	Buri	Company of the last of the las	4/27/			Redeem	ner (altimore,		
25 A	. DATE REC'D	APR 28		P.D.	AE OF REGI	Farkey	4.3	Sch.	imunek 2601 E	FU	uneral Hom	ne, Ind	DDRESS
VS	150-REV. 1/1/	65			15		10	4	1 6	0			



CI	7 8455		BALTIMORE CITY	HEALTH DEPARTMENT		67 4155
BIRTH NO.	7 4155		CERTIFICA	TE OF DEATH	Registered No	07 4100
M.E. CASE NO.	0 /				ND HOUR OF DEATH	H
(Type or Print)	(PIST)	ATHR	und a.	4/2	1.	I A.N. M
3. PLACE OF DEATH I	N BALTIMORE, MAI	RYLAND	7	4. USUAL RESIDENCE (Whe	ere Deceosed lived. If	institution: residence before odmission)
				MARYLAND	" BALTIM	ORE C.
FULL NAME OF HOSPITAL OR	(If not in hospital a oddress or location	or institution, g	give street			RURAL and give township)
THE .	JOHNS HOP	KINS E	HOSPITAL	BALTIMORE	,	53-00
33					rurol, give locotion)	
				5319 HAZEI	LWOOD AVE	NUE 21206
FEMALE W	HITE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 2-22-10	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPAT	ON (Give kind of work			11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAJ, COUNTRY?
done during most of workin				Baltimore,	Maryland-	WHA! CB OA!
HOUSEWLL	2			14. MOTHER'S MAIDEN NA	· ·	
ALBERT	SYLVESTE	R	11 (50 014)	LOUISE BLA	AIR	ADDRESS
15. Was Deceased Ever (Yes, no or unknown) (If y	es, give wor or dote:	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
			212-07-0127	Frank W. (rist	- 5219 Haz	Lewood A enue
18. 960	XIV	150	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	CONDITION DIR	ECTLY	7	1/		0/
	DING TO DEATH	duine la e	(A) DIAC	SETIC KETO ACIDO	282	9 hours.
heort failure, asthe	enia, elc. Il means	the disease,	DOE 10			
	lian which coused	death.)	100 PASS	BLE OCCUL	T GT	
	CEDENT CAUSES		DUE TO			_
	ONDITIONS, if of course (A)		164	Neoplasm		7
UNDERLYING CO		Jidning Inte	/r	10eg p. 19/1		
	II					
	NT CONDITIONS C					
A DISEASE OR CON	DITION CAUSING I	Т.				
19A. DATE OF OPE	RATION 198. CON		WHICH OPERATION	YES	O) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT W	AS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltime	ore City, give exoct locotion)
OR CONTRIBUTING		etc.)		mice bing., INJORT OCCOR:		
0 21 D. TIME (Mo	nth) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
21D. TIME (Mo OF INJURY (APPROX.)	,	Whi	le At Not Whi	e 🖳		
		Wor		1/2-	6	1/07
22. I certify that	(1) (this hospital) ottended th	ne deceased from	4/22	19 0 /10	4/23 19.6/
that (1) (we) lost	saw the decease	d alive on	4/23		not in (my) (our) of	pinigh deoth occurred on the date
ond hour and fra	m the couses stat	ed obove (1) (West (did) (did nat)	view the bady ofter deoth.		
23A. SIGNATURE	1111	-				23B. DATE SIGNED
	MARION		M.D. Att	ending Med. S. Director	Stoff Phys.	4/23/67
23C. PHYSICIAN'S	Journ	11/1	700.0	23D. ADDRESS		
NAME (Type)	C.F	. BROWN	V 3RD M.D.	THE JOHNS	S HOPKINS	HOSPITAL
24A. BURIAL CREMATI	ON, 24B. DATE		AME of CEMETERY OF CR			City, town, or county) (State)
REMOVAL (Specif	y) /		1 0 1	,	4.4	
Burial 25A. DATE REC'DABY	4-26-67	7 HO	Lu Redeemer (emetery Bal	timore, MAry	pland ADDRESS
AP	R 28 1967 .	12 B	Safall us	01 6 40.11	1 7 /1	
Les Les Best 1 (1)		10 Berry	- Archarenty	John Collins	er Inc-041	Belair Road-21206
VS 150-REV. 1/1/65						

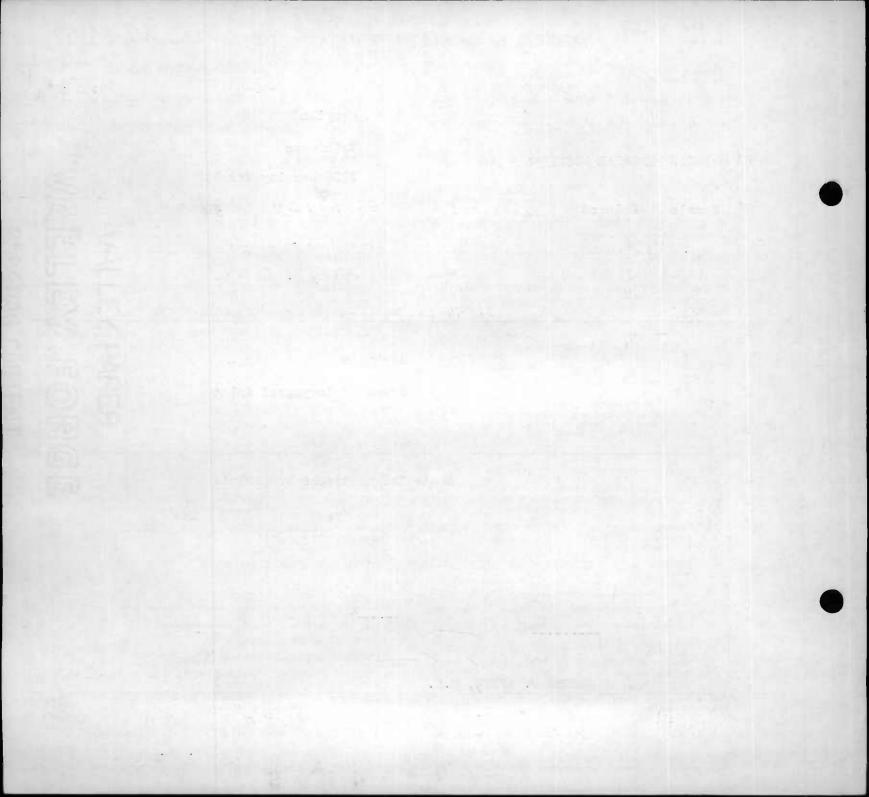


CM ALCO	BALTIMORE CITY	HEALTH DEPARTMENT		67 1450
BIRTH NO. 67 4156 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	67 4156
1. NAME OF DECEASED (Type or Print) DIX MRS M	ICHAELEN	JA.	4/27/67	4-150
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A STATE R COLIN		tution: residence before admission
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION	on, give street		side city limits, write RY	RAL and sive to washing?
Church home &	hospital.	Ballimor D. STREET ADDRESS (III	e	
35	0	2220	FLEET	STO
F. WIDO	WED, DIVORCED (specify)	8.26.05	61 7/15	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
6A_USUAL OCCUPATION (Give kind of work 10B, KIND lone during most af working life, eyen if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12, CITIZEN OF WHAT COUNTRY?
Honle wife.	es.K	ma.		Homerica.
3. FATHERS NAME Theodore Males	zski.	Lottie	dwalina	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
unknow.	212-22-4300	FRANK DIX	2220 FLI	EFT ST,
18. 4 3 4 1 1	CAUSE O	FDEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) C	ingustive 1	Kart Faih	u e
(This does not mean the made of dying, e heart failure, asthenia, etc. It means the disec				
injuly of complication which caused death.)		wremia		Soveral ye
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, giverse to the above couse (A) stating UNDERLYING CONDITION last.		***************************************	*********************************	o
ONDERCTING CONDITION ldsi.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
		20A. AUTOPSY? (Yes or No	208 IE Vec Webs Sia	IDINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED		ZVA. AUTOPSE; (res of 140	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If in Boltimore (City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not While At Work			
22. I certify that (1) (this Maspital) attende	d the deceased from	1 / 15- 1	9 67 10	4/27 19 67
that (I) (we) lost saw the deceased alive a	on 4/27	19 67 ond the	ot in (my) (our) apini	an death accurred on the do
and hour and from the causes stated above	. (1) (We) (did) (did not) v	iew the body after death.		
23A. SIGNATURE Anondais	M.D. Atte		Stofl Phys.	3B. DATE SIGNED 4/27/67.
23C. PHYSICIAN'S KOM A MA	ND A!AHM.D.	23D. ADDRESS Church	home + A	ospital. Ball
24A, BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CRI	EMATORY 24D. LC	CATION (City,	town, or county) (State)
BURIAL 5-1-67 H	DLY ROSARY CE	EMETERY BAL	TU	MD.
25A, DATE REC'D BY HEALTH DEPT. 25B. NAN	NE OF REGISTRAR	250. FUNERAL DIRECTOR		ADDRESS
APR 281967 Pul	In S. Stanker	JOHN MEBE	R + 50115 114 4	101 S.CHESTER S
VS 150-REV. 1/1/65	W C	0 6		

The state of the s and the last of No. ingologients, and 1310 FLEET SIN £ 26 05 61 pe Land and A W Brown April West Letter durling Thronder Malenger. and now I see the Mill State FLEET ST. Cong. Lin House For Low Sugar St. N. L.M. Armilain Chance home a halp tel the Kar. AMBNOHIAH 15. 上面的图片的 Min All Extension (All Lines

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BIRTH NO.	MEDI	CAL EXA	MINER'S C	ERTIFICAT	LE OF [DEATH Registe	red No	410/
M.E. CASE NO.								
1. NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
	FRAN		ADAMS	11	4-25			0:15 AM M
	TIMORE, MARYLAND, WI	*		4. USUAL RESID	ence (Where	deceosed lived. If insti B. COU	tution: residence	e before admission
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	TION)	N, GIVE STREET	C. CITY OR TOV	WN (If outside	corporate limits, write	RURAL ond g	jive township)
IINITON M	EMODIAI MOCDI	TAT DOA		Baltin			La	
ONION M	EMORIAL HOSPI	IAL - DOA		D. STREET ADDI				, ž
SEX	6. RA CE	7. MARRIED, NEV	VED AA ADDIED	B. DATE OF BIRTI	Barclay		Til Hadaa 1 N	Yr. If Under 24 Hr
Female	Colored	WIDOWED, DIVO	RCEP(specify)	5-17-19		9. AGE (In years lost birthday)	Months Doy	A Hours Min.
	UPATION (Give kind of work	108 KIND OF BU	SINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign	1 country)	12. CITIZEN C	
ne during most of	working life, even if retired)			North	CAROL	NA	WHATC	USA-
3. FATHER'S NA				14. MOTHER'S M	AIDEN NAME			
unkno	un			MARI	1 HUN	HER		
	ED EVER IN U.S. ARMED		SOCIAL	17. INFORMANT			ADDRESS	
No or unknown	n) (If yes, give wor or dote	s of service)	1-16-7312	ELVA	Smith	-1542 Ab	bottsto	n St.
1B.	OX.	01027	CAUSI	OF DEATH				TERVAL BETWEEN
DISEA	SE OR CONDITION DIE	FCTIY					ON	ISET AND DEATH
	LEADING TO DEATH		(A) AS	phyxia				
heart foilure	not mean the mode of a sthenio, etc. It means	the disease,	DUE TO					
injury or co	emplication which coused of	leoth.)	Ed	ema of lar	rvngea1	inlet		
	ANTECEDENT CAUSES		(R)		7 8			
	OR CONDITIONS, IF A		DUE TO		**************	• • • • • • • • • • • • • • • • • • • •	**************	A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
UNDERLYI	NG CONDITION LAST.		(C)					
5			(C)				***************************************	
O THE	II SNIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO THE	Acute la	ryngotrach	neobrono	hitis		
19A. DATE O	F OPERATION 198, CON WAS PERI	DITION FOR WHI		20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE FII	IDINGS CONS	SIDERED
	AL CALISE MAS	1-2-2-		Yes				
UNDERLYING	OR CONTRIB-	home, fo	CE OF INJURY (e.g., rm, foctory, street,	in or obout 21 C. V	OCCUR?	If in Boltimore City, gi	/e exact location	on)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year	(Hour) 21E. I	NJURY OCCURRED	21F. HO	DENI DE WO	RY OCCUR?	7.53	T 37
22.		m. WORK	(L AT W	ORK L				
	rtify that I held on I		spection Au			s basis, death in m	y apinion	
resu	Ited fram: Natural cau	ses X Acci	dent Suicid	e Homici	de U	ndetermined manne	er	
		, (EDICAL EX		0	ATE SIGNED
SIGNAT		ugh?	> / MAD	ASSISTANT M	EDICAL EX	AMINER X		0.01123
EXAMII NAME (IED'C	U. SPITZ		ASSOCIATE M			- 4	-25-67
BEACOVAL (See		23C. N	AME of CEMETERY	OF CREMATORY	23D. LC	CATION (City,	town, or count	ty) (Stote)
BURIA!	4/29/	67 M	It. CAL VAI	2Y	A.	A.Co. 1	1d	2555
24A, DATE REC'E	PR 28 1967	24B, NAME OF	Edo Pres MA	Who c I	AL DIRECTOR	KNES, JR.	HAKTOR	AVE.
VS 151-REV. 1/1	/65	1 3	7 U	MAING	A IT	NAS, UN.		



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FUNERAL DIRECTOR: IMPORTANT	100	•	3	L C	Ξ.	No.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 📐	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made
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		+	S	>	0	3

67 4158	BALTIMORE CITY	HEALTH DEPARTMENT		67 1156
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	07 43130
I. NAME OF DECEASED Annie	Williams	2. DATE AN	4/27/6	67 11:304
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		tutian; residence befare admissi
FULL NAME OF (If not in hospital or instituted address or location)	,	Maryland		
INSTITUTION 1820 N.	WIMPO St.	c. CITY ORTOWN (1)	tside city limits, write RU	RAL and give township)
1020 10.	vo oife	D. STREET ADDRESS (III	rural, give lacation)	7
00		1820 1.	wolfe -	> / ·
Female Negro. WID	OWED, DIVORCED (specify)	-30-1898	9. AGE (In years last bindday)	If Under 1 Yr. If Under 24 I Months Days Haurs Min
6A, USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	un county)	12. CITIZEN OF WHAT COUNTRY?
FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	4.0.01
HECTOR MORI	RIS	ELhA	Mª CAL	4
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown! (If yes, give war or dates of sen	16. SOCIAL SECURITY NO.	Relatives	. 12	320 N. Wolfe
18. 260 X 1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	and to 1 The	· Louis	ONSET AND DEATH
(This does not mean the made of dying,		Typax Ino	Myox 15	9
heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)	ease,	r teriosclero	Cic	
ANTECEDENT CAUSES	DUE TO	1 1000 30 1610	, (
DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last,		iabetes 1	Mellitus.	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING PNO	uminia:		
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i hame, form, foctory, street, a etc.)	n ar about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimare C	City, give exact lacation)
21D. TIME (Month) (Doy) (Year) (Haur) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (1) (this hospital) attend	ded the deceosed from	9/12	19 66 to	4/27 196
that (I) (we) last saw the deceased alive	an 4/			
and haur and fram the couses stored abo	/ /	/		
23A. SIGNATURE Phon	yson M.D. AH	ending Med.	Staff 2	3B. DATE SIGNED
23 C. PHYSICIAN'S	1.07	s. Director	Phys.	7/-//67.
NAME (Type) Alvin /hi	mpson M.D.	1856 N.	Wolfe ?	57.
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	tawn, ar caunty) (State
Bu. 819/ 15-1-67	MT-AUBUK	N B	ALTIMORE	Md
SA. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	111 111	ADDRESS /
	b. E. Jankeyma	JOSEPH K	N/8H/ 16	DT N. BROANY
/S 150-REV. 1/1/65	14			

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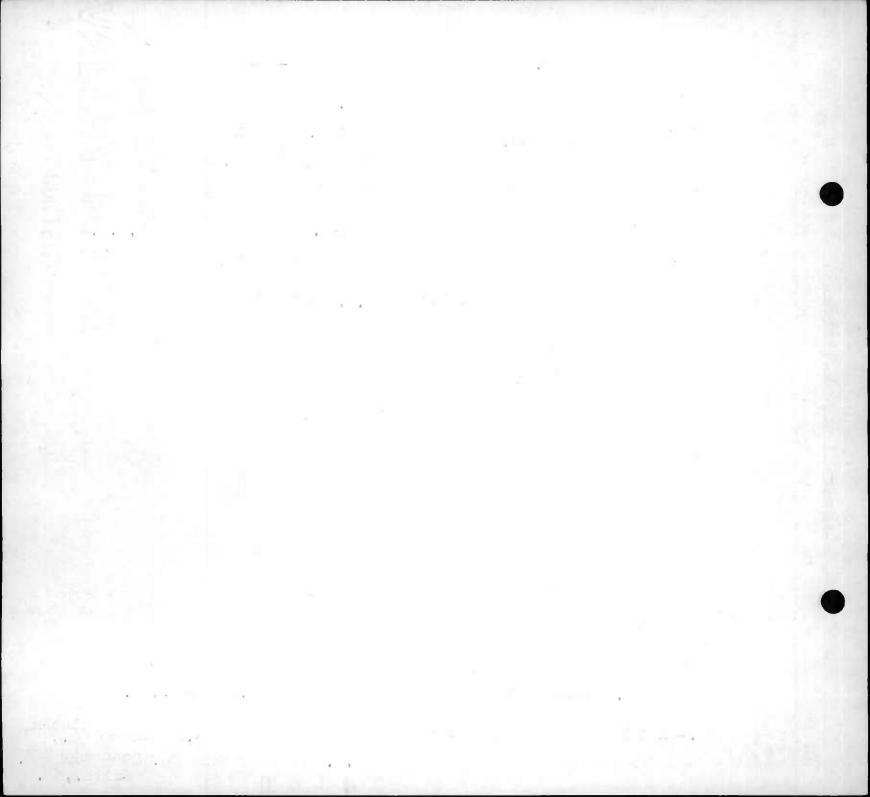
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MEDICAL	EXAMINER'S	CERTIFICATE	OF I	DEATH	Registered	Nol 4	_4

IRTH NO.	MEDI		AMINER'S C		TE OF DEATI	Registered No.	7 4159
. NAME OF DE	CEASED	C	OETZE	BROWNE	2. DATE AND HOUR F	RONOUNCED DEAD	
Type or Print)	CATHERI			ROWN	April 26	1967	2:10 P M
PLACE IN BAL	FICATE	HERE PRONOL	NOED DEAD	4. USUAL RES	IDENCE (Where deceased ary land	lived. If institution: res B. COUNTY	idence before odmission)
IOSPITAL OR NSTITUTION	ADDRESS OR LOCA		5-2-67		own (If outside corporote altimore	limits, write RURAL	2-01
00 1620	Lockwood Roa	d		D. STREET AD	DRESS (If rurol, give locot 114 Broadview		University Pl & 39th Stree
.sex Female	6. RACE White		NEVER MARRIED DIVORCED(specify)	1/31/1	RTH 9. AG	E (In years If Unde	Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY		E (State or foreign country)	12. CITIZ	ZEN OF AT COUNTRY?
Hous	ewife	Own H	lome	Balt	imore, Md.		U.S.A.
3. FATHER'S NAM	ΛE			14. MOTHER'S	MAIDEN NĂME		
Will 5. WAS DECEASE	iam August ED EVER IN U.S. ARMED	Goetze FORCES?	16. SO CIAL SECURITY NO.	Sara 17. INFORMAN	h A. Weaver	A DDRES	is .
No	inter yes, give wor or dole		13-42-4687	Mr.J.	Prentiss Br	owne,1620	Lochwood R
18.	000			OF DEATH			INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY					ONSET AND DEATH
	LEADING TO DEATH		(A) Barbi	iturate 1	ntoxication.		
heort foilure	not meon the mode of , osthenia, etc. It meons mplication which caused	the diseose,	DUE TO				
injury or co	implication which coused t	Je Offis)			" toward		
	ANTECEDENT CAUSES		(B)		-		
RISE TO TH	OR CONDITIONS, IF A	ATING THE	DUE TO				
Z	NG CONDITION LAST.		(C)				
2	1	100					
TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO T					
19A. DATE OF	F OPERATION 198, CON WAS PERI		WHICH OPERATION		SY? (Yes or No.) 20 B. IF YE	S, WERE FINDINGS (YING CAUSES OF D	
21 A. EXTERNA	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,		WHERE DID (If in Bolting	nore City, give exact I	ocotion)
UTING CAL	ISE OF DEATH.	etc.)	House		20 Lockwood R		27-09
21D TIME OF INJURY	(Month) (Doy) (Yeor	(Hour) 2	1E. INJURY OCCURRED	21 F.	HOW DID INJURY OCCU	R?	
(APPROX.)	4 26 '6	7 P m. V	HILE AT NOT	WHILE X I	ngestion of ov	erdose of b	arbiturate.
	tify that I held an li				and that an this basis,		in
resu	lted fram: Natural car	ses A	ccident) Suicid	e X Hami	cide Undetermi	ned manner	
ACTILA	\sim \sim \sim		1/_	CHIEF	MEDICAL EXAMINER		DATE SIGNED
SIGNAT		ules 5	/ ces M.D.	ASSISTANT	MEDICAL EXAMINER	X	
EXAMIN NAME (les S.	Petty	ASSOCIATE	MEDICAL EXAMINER		4/27/67
3A. BURIAL CRE		23	C. NAME of CEMETERY of	CREMATORY	23D. LOCATION	(City, town, or	county) (Stote)
Burial		.967	Greenmount		Baltimo	-	Md.
4A. DATE RECAD	PR 28 1967	Rub !	OF REGISTRAR		Jenkins & S		
					D	as out all	KASA.

V.S. 153 5-2-67 M.H.

Such

		C1294 A.R	0.0	BALTIMORE CITY	HEALTH DEPARTMENT		CPT AAOG
	H NO.	67 41	5U	CERTIFICA	TE OF DEATH	Registered Na.	0/ 4160
1, N	AME OF DEC	EASED			2. DATE AN	D HOUR OF DEATH	44
1	e or Print)	Hattie		h	4-25		4 A M.
3. F	PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (What	e deceosed lived. If i	nstitution: residence before odmission)
ll F	FULL NAME O HOSPITAL OR NSTITUTION	F (If not in hospital oddress or locatio		n, give street	C. CITY OR TOWN (IF out	side city limits, write	RURAL ond give (ownship)
	00	14 Edgeval	e Rd.			1210 rurol, give location)	0/-//
_	00				14 Edgevale		
5. S	F	6. RACE	WIDOW	D, NEVER MARRIED VED, DIVORCED (specify) dowed	11/28/1870	9. AGE (In years lost birthdoy) 96	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?
don	House	working life, even if retired) はれずで	Oter	n Home	Migg		U.S.A.
13.	FATHER'S NAM		OW.	11 1101116	MISS. 14. MOTHER'S MAIDEN NAM	ME	0.D.A.
	David	Rice			Pauline Cro	omlein	
15. Yes	Was Deceased	Ever in U. S. Armed Fa	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	, , , , , , , , , , , , , , , , , , , ,		423-60-3252	A.R. Rich		Above
	18.	SYL		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	E OR CONDITION DI	RECTLY	0	1 1-	1 -	
	(This does n	of mean the made of	dvina. e.	g. DIE TO	rebill / pr	omboses	week
	heart failure,	asthenia, etc. It means	the diseas	se,	1 -		
		ANTECEDENT CAUSES		DUE TO Asteriosolerosis		is	10 years
	DISEASES OR CONDITIONS, if any, giving						
	rise fo fhe	a bave cause (A) CONDITION last.					
		- 11					
ATION	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING	ATED TO		ouia		
IC A		OPERATION 198. CON	DITION FO		20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
CERTIFIC	0	WAS PER			No	IN CERTIFYING CA	CUSES OF DEATH?
	OR CONTRIBL	TING CAUSE OF medicol exominer)	h	1B. PLACE OF INJURY (e.g., in some, form, foctory, street, of stc.)	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimo	e City, give exact location)
ш	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
8	(APPROX.)		1	While At Not While Work At Work			
	22. 1 certify	that (I) (this haspita) attended	the deceased fram	Ppril 18 1	967 ta	April 25 1967.
		last saw the decease		/	,	at in (my) (out) ap	inian death accurred an the date
			red abave.	(I) (App. (4) (4) (1)	iew the bady after death.		
	23A. SIGNATU	RE M	- 9	/ - AAD AHO	nding Mad	Stoff -	23B. DATE SIGNED
		· //lyrlos	1/16	100111		Stoff Phys.	April 25 1967
	PAME (T	vne)	0-2		7800 Vomi- D	Do7+-	Ma
		L. Mortor			7800 York R		
24A	REMOVAL IS	MATION, 248. DATE	24C.	NAME of CEMETERY of CRE	MATORY 24D. LC	OCATION (C	ity, town, or county) (Stote) Alabama
	mBur	ial 4/26/6		Emanu-el	Bir 25C. FUNERAL DIRECTOR	mingham, J	efferson Co.,
	A	PR 28 1967	DO I	S. C. T. O. HA		& Sons	to. 4905 York Rd.
VS	150-REV. 1/1/6		WINKER	O. C. NONROPA	0 4 1 4 0		Balto.,Md.



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- 7	- 6	1 0	6

BIRTH NO. MED	ICAL EXAMIN	ER'S CERTIFIC	CATE OF I	DEATH Register	red No. 4151
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)				D HOUR PRONOUNCE	
SA	RAH IRWIN	WILSON		25-67	5:45 PM _M .
3. PLACE IN BALTIMORE, MARYLAND, W	AL OR INSTITUTION, GIVE	A. STATE Mary	land	B. COU	
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC.	ATION)	C. CITY C	R TOWN (If outside	e corporote limits, write	RURAL and give township)
L+oh.	AT DOA		imore		21-10
SINAI HOSPIT	AL - DOA		ADDRESS (If rurol, Newport A	7.77	11
5. SEX 6. RACE	7. MARRIED, NEVER MA		-	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Female White	Never Mari	specify)	/1885	lost birthday	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of wordene during most of working life, even if retired)	108. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPI	ACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Retired-Assistant	Dentistry	Bal	timore, M	Id.	U.S.A.
13. FATHER'S NAME		14. MOTHE	R'S MAIDEN NAM	E	
William Vance Wil		Sus:	an Irwin		ADDRESS
(Yes, no or unknown) (If yes, give wor or dot	es of service) SECURIT	Y NO.		Che	vy Chase, Md.
No	213-0	9-7288 Mrs	John Sch	ubert,531	7 Baltimore Av
1B. 4 d & 1		CAUSE OF DEAT	Н		INTERVAL BETWEEN
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 1988. CON	ANY, GIVING DESTATING THE CONTRIBUTING	3)			
DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. COI WAS PE		RATION 20A. AU	TOPSY? (Yes or No)	208. IF YES, WERE FIN	
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF I home, form, foct etc.)	NJURY (e.g., in or obout lory, street, office bldg.,	NO 21C. WHERE DID NJURY OCCUR?	(If in Boltimore City, giv	ve exoct locotion)
21D TIME (Month) (Doy) (Yes OF INJURY (APPROX.)	m. WHILE AT	NOT WHILE AT WORK	OF, HOW DID INJU	JRY OCCUR?	
22. I certify that I held an resulted fram: Natural co	Inquiry Inspection	an X Autopsy		is basis, death in m	
ACTUAL SIGNATURE EXAMINER'S	Winher	CHI M.D. ASSISTA ASSOCIA	EF MEDICAL EX	AMINER X	DATE SIGNED 4-26-67
	L S. FISHER, M		nev loop i	OCATION (C)	Annua
REMOVAL (Specify)	1967 Wood1	CEMETERY OF CREMATO		ocation (city, odlawn, Ba)	1to.Co., Md.
24A. DATE REC'D BY HEALTH DEPT. APR 28 1967	248, NAME OF REGISTRA	AR 24C. I	UNERAL DIRECTOR	& Sons Co	. 4905 York Rd
VS 151-REV. 1/1/65	9 15 7		1 / 0	В	alto 12, Md.

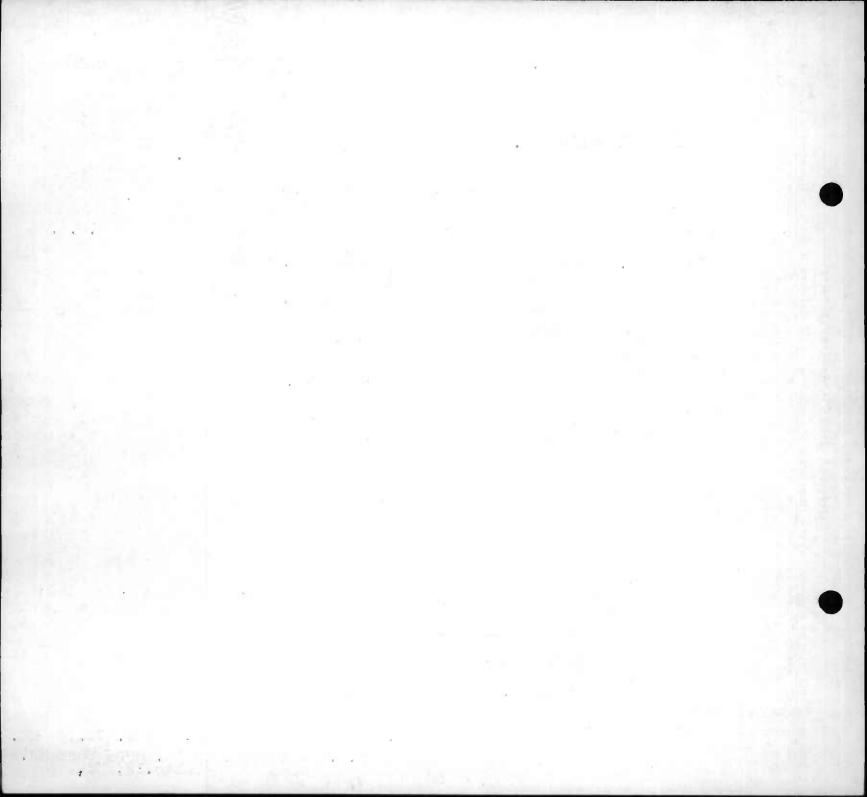
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.Jenkins & Sons

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

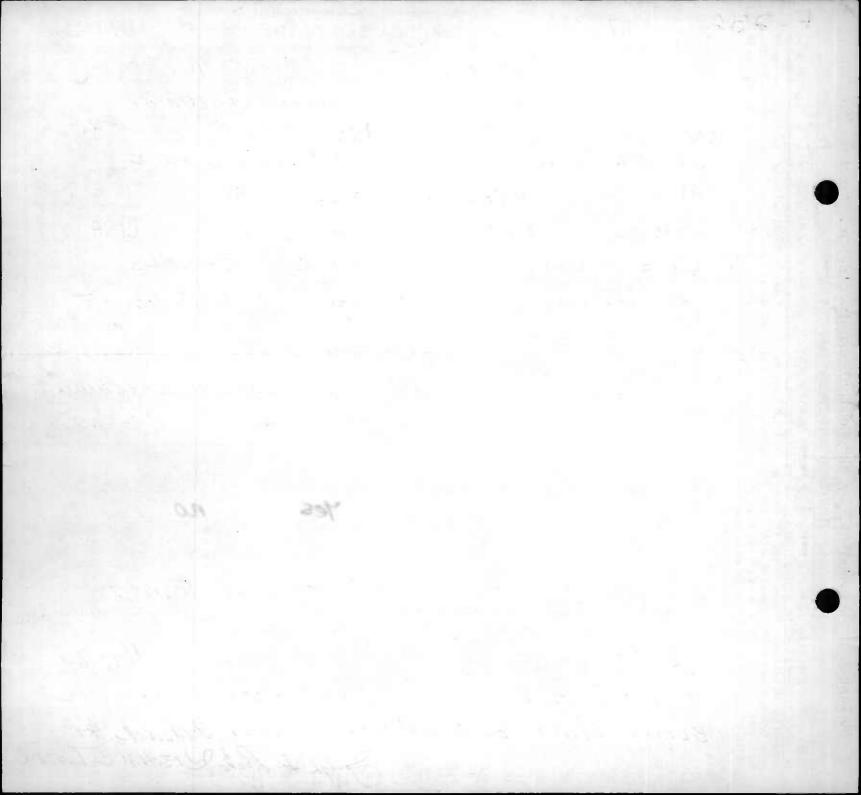


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+		BALTIMORE CITY	HEALTH DEPARTMENT		ON ALOG
- 11	BIRTH NO. 67 4163 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	67 4163
	1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
	Howard Levoy Selly	non	Clar	1/ 22 10	367 11:55 A.M
#	3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (When	e deceased lived If insti	tutian: residence before admission)
			A. STATE B. COUN	7 //	a
11	FULL NAME OF (If not in Rospital or institution,	give street	Illd. 10	more	2 (5)
.11	HOSPITAL OR address or location) INSTITUTION		C. CAY OR TOWN (If aut	side city timits, write RU	RAL and give township)
4	t. n 1	11. 1	Owings.	///.//	53-00
1	Union Memorial	405P11U1	D. STREET ADDRESS (IF	rural, give location)	A
Ш	Gillor Memorial		Wards Clas	nol Km	d
I	5. SEX. 6. RACE 7. MARRIED	, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Ш		D. DIVORCED (pecify)	- 6/00	lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
1	Male Gucasian YMa	ried	2/6/90	77	
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND O done during group of working life, even if refired)	F BUSINESS OR INDUSTRY	11. BIRTH LACE (Stote or farei	gn country)	12. CITIZEN OF WHAT COUNTRY2
	Paulhou misor and	MILHINO	Marilla		1150
1	13. FATHERS NAME	culture	14. MOTHER'S MATERINA	A.E. (4.011.
	01/1/2/1		14. MOUNTER'S MICHIGEN NAM	0	
Ш	ROBERT Sollman		Vivainna	Dallen	
	15. Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT	10011cm	ADDRESS
11	(Yes, no ar unknawn) (If yes, give war or dates of service)	SECURITY NO.	MI Q	- /11	5-
	No	815-36-7929	11115 Dess	le Selln	ion same
	18. 3 3 / X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	1	/ /	/	OKSET AND GAM
	LEADING TO DEATH	(A) CEYP.	pro vascular	acciden	7 30
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,				
	injury ar camplication which caused death.)	,			
	ANTECEDENT CAUSES	(B)	00000444044444	********************************	000 000
	DISEASES OR CONDITIONS, if any, giving				
	rise to the above cause (A) sloting the				
	UNDERLYING CONDITION last.	000000000000000000000000000000000000000			**************************************
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	IG			
Ш	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	16			
	19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN	IDINGS CONSIDERED
Ш	198. CONDITION FOR WAS PERFORMED		NO	IN CERTIFYING CAUS	SES OF DEATH?
	U 21A, ACCIDENT WAS UNDERLYING 218	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Baltimore	City, give exact location)
	DEATH (notify medical examiner)	me, form, factory, street, off :.)	ice bidg., INJURY OCCUR?		
	O 21D. TIME (Month) (Day) (Year) (Hour) 21E				
	₩ OF INJURY	E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
II		hile At Not While	`		
	22. I certify that #7 (this haspital) attended t	the deceased from	4/19	96710 4	122 1967
11		uhn	10 17	6	
Ш	that (1) (we) last saw the deceased alive an	/ .		at in (my) (out) apini	an death accurred an the date
Ш	and haur and fram the causes stated above. ((l) (We) (did) (did not) vi	iew the bady after death.		
Н	23A. SIGNATURE			2	3B, DATE SIGNED
-11	VIATY Water	M.D. Atter	nding Med.	Stoff Phys X	4/22/67
Н	23 C. PHYSICIAN'S		3D. ADDRESS	1.11/3.	112701
	23C. PHYSICIAM'S NAME (Type)	//			,
11	DR NAT E WATSON	M.D.	THE LINLON	MEMORIAL LI	LATIGO
11	24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CRE	MATORY 12 240. LC	CENTON LA CCITO	lown, or county) (State)
	Trinial 4-25-67 41	landa (hand)	Conotos. X	RAltinger /	MI
	25A. DATE REC'D TO PREALTHOUSE 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	nicurron C	ADDRESS 4
	71 1 20 1961 (1. Cel	49 En 11	X/AMIL VII	Klaight 1	S. lawille MI
Í	VS 150-REV. 1/1/65	- A MODERATE	Travey 10	ruyni x	yourter, ma.
				1/	/

Mid. Bokiners Unica Memorial Hespital Comings Mill Nords Wapel Road Mule Conversor Married 24/90 99 USER Unofma Barber Robert Sellmon Mis Bessie Sellmon Some Broker coscular occident 3d

VS 150-REV. 1/1/65

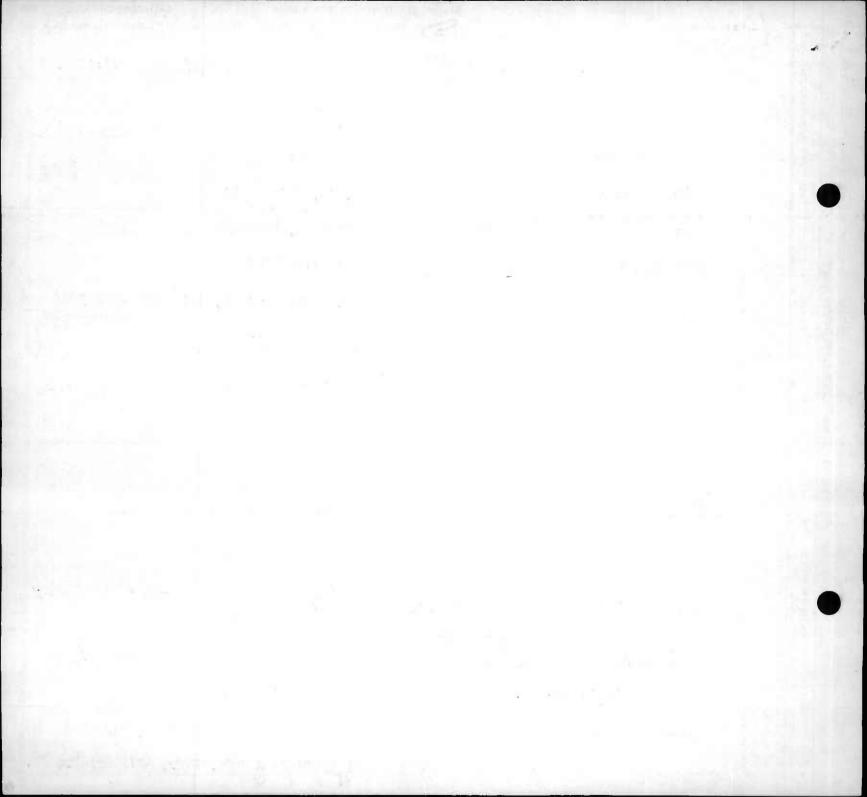


FUNERAL DIRECTOR: IMPORTANT	
e must be approved by the chiet medical examiner or his assistant it death occurr released to the hospital by a medical examiner. Also, if the direct or contribu	occurr
accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine	ermine
a hospital (except where the physician who pronounced death was in regula	regula
or to death); and (6) No physician was in regular attendance on the deceased	eased
val must be obtained before the remains are embalmed or final disposition is mad	is mad

VS 150-REV. 1/1/65

1 .	67 4165 BALTIMORE CITY HEALTH DEPARTMENT 67 4165
5-212 F	CERTIFICATE OF DEATH Registered No.
	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	(Type or Print) DR. MILTON J. WILDER APRIL 23, 1967 11:15 P. M. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
hospital ise of d (5) Dece ance on death.	A. STATE B. COUNTY
→ To	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township)
c 3 2 .	BALTIMORE D. STREET ADDRESS (If turol, give location)/
B.E 0 B.E.	SINAI HOSPITAL 3412 SHELBURNE ROAD
occurre ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In years Widows) Months Doys Hours Min.
occur ontrik ermir regul eased is ma	MAJE WHITE MARRIED AUG. 18, 1915 51
	done during most of working life, even if retired) WHAT COUNTRY?
if deat rect or (4) Unde was in the de	DOCTOR MEDICAL BALTIMORE, MARY LAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
direct direct f; (4) I th we on the dispo	
dir di.	DAVID WILDER 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) \$\frac{16. \text{ SOCIAL}}{\text{SECURITY NO.}}\$ \$\frac{17. \text{ INFORMANT}}{\text{SECURITY NO.}}\$
assistant if the di ny kind; od death ance on	LIDO CLATER WITHOUT 2410 CHELPUDAE DOAD
if t any ced ndan or fi	18. CAUSE OF DEATH INTERVAL BETWEEN
or his calls of an eof an counce attend	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl failure, asthenia, etc., II meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Attenosclaptic CV disease 3 years DUE TO
er. ctu pro lar	hearl failure, asthenia, etc. 11 meons the disease, injury or complication which caused deoth.)
fra fra em	ANTECEDENT CAUSES (B) alerosclarate CV disease 3 years DUE TO
examiner. 3) A fractu n who pro in regular	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the (C)
S	UNDERLYING CONDITION last.
D:= F 2 3 E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ef medy buy buy buy cian he re	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
chief y a n Body the F nysicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
0 D 0 D 0	OR CONTRIBUTION CAUSE OF
red by the hospital ature; (3) when (6) No princed before and befo	Q DEATH (notify medical examiner) etc.)
hosp afur atur (6)	21D. TIME (Month) (Day) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
> E W 78 8	Work At Work
PH C S B C	22. I certify that (I) (this hospital) attended the deceased from 1958 19 to 4/23 1967
B + 4 = E 4	that (1) (we) lost sow the deceased alive on 4/22 19.67 and that in (my) (our) apinian death occurred on the date
t be a sed to ent of spital leath)	and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after deoth. 23A. SIGNATURE
must eleas ccide a hos to de	ahan senecin M.D. Attending Med. Stoff Phys. 4/44/67
0 0 5	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
y was r (1) An a 3.A. at a d prior	DR. ABRAHAM GENECIN M.D. 611 PARK AVENUE
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY at CREMATORY 24D. LOCATION (City, town, or county) (State)
This certil the body shows: (1) was D.O., deceased	BURTAL 4/26/67 CHIZUK AMUNO (ARLINGTON) BALTIMORE, MARYLAND 25A. DATE REC'D BY HEALTH DERL 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the showarder	
	SOL LEVINSON E, BROS. INC., 6010 REIST., RD.

SOL LEVINSON &, BROS. INC., 6010 REIST., RD.



BALTIMORE CITT HEALTH D	ELAKIWEMI

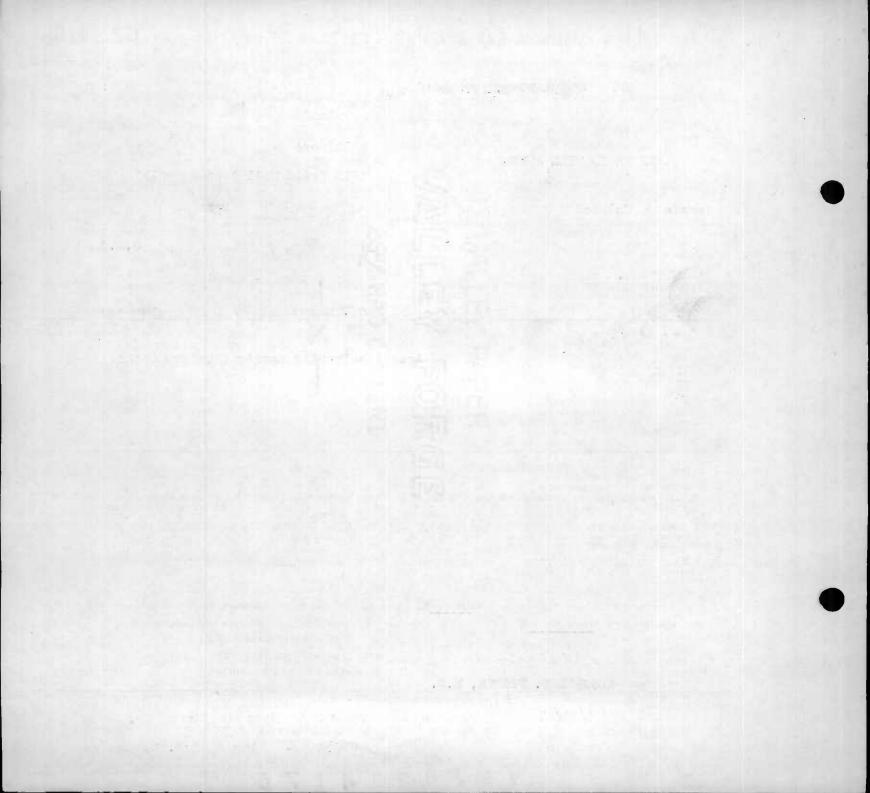
BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICAT	TE OF [DEATH Registere	d No.	T00
M.E. CASE NO.								
1. NAME OF DE	CEASED				2. DATE ANI	D HOUR PRONOUNCED	DEAD	
D. D. 4 66 IN DAIL		LLIAM J.			4-2.	5-67	14:28 I	PM M.
FULL NAME OF	TIMORE, MARYLAND, W			Maryla	nd	deceosed lived. If institut B. COUN	17	
HOSPITAL OR	ADDRESS OR LOCA	ATION)	HON, GIVE SIREE	C. CITY OR TOV	WN (If outside	e corporate limits, write R	URAL ond give towns	hip)
IN SHIONOR				Baltime	ore		7-0	5
801 S.	BETHEL STREE	T - Amb.	Crew #10	D. STREET ADD				
				801 S.	Bethel	Street 212	231	
5. SEX	6. RACE	7. MARRIED, N	VEVER MARRIED	B. DATE OF BIRTI	Н	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months , Doys , Hours	er 24 Hrs.
Male	White		MARRIED	AUG. 1	8 187	79		
	UPATION (Give kind of wor	NOB KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreig	n country)	2. CITIZEN OF	-
RETIR	working life, even if retired) ED SFAMOIY			INDIAN	VAPOLI	S INDIANA	WHAT COUNTRY?	
13. FATHER'S NAM	ME			14. MOTHER'S M				
	UNI					UNIS		
15. WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT		-	ADDRESS	
1/C	(If yes, give wor or dote		SECURITY NO.	WILLIAA S	TOVING	801 & BI	ETHEL ST	DECI
118,	WORLD WA	RI	211-18-35841		7 64 600	801 5 00		
4	22. 1		CAUSI	E OF DEATH			ONSET AND	
DÍSEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	A 4					
(This does	not meon the mode of		(A) Arter	losclerot	ic card:	iovascular di	sease	************
heort foilure	, osthenio, etc. It meons implication which caused	deoth.)	00110					
		3154.19					71-74	
	OR CONDITIONS, IF		(B)					
RISE TO TH	IE ABOVE CAUSE (A) S	TATING THE	DUE TO					
	NG CONDITION LAST.		(C)					
2	11	-						
OTHER SIG	NIFICANT CONDITIONS						201	
DISEASE O	DEATH BUT NOT RE		E					
-	F OPERATION 198. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FIND		
00	WAS PER	FORMED		No		IN CERTIFYING CAUSES	OF DEATH?	
21 A. EXTERNA	CAUSE WAS	21 B. P	LACE OF INJURY (e.g.,	in or obout 21 C. W	VHERE DID	If in Boltimore City, give	exoct location)	
	JSE OF DEATH.	etc.)	form, foctory, street,	omce biag., INJURY	OCCUR?			
E 21 D TIME	(Month) (Doy) (Yeo	r) (Hour) 21	E. INJURY OCCURRED	21F. HC	DUNI DID WC	IRY OCCUR?		
OF INJURY (APPROX.)			HILE AT NOT	WHILE				
22.				VORK				
	tify that I held an I					s bosis, death in my	apinion	
resu	Ited fram: Natural ca	uses X A	cident Suicio	de Homici	de U	Indetermined manner		
ACTUA)_ /	0 /			AMINER XX	DATE SIG	GNED
SIGNAT		of in	M.D	ASSISTANT MI	EDICAL EX	AMINER	27.20.	
EXAMI	NER'S	T C DTC	177D 1/ D	ASSOCIATE M	EDICAL EX	AMINER	4-26-6	7
NAME (HER, M.D.		loo o			
23A, BURIAL CRE REMOVAL (Specif		23C	NAME of CEMETERY					(Stote)
BUR	IAL APR 2	8 1967 6	ALTIMORE NA	TIONAL C	FM 1-	REDERICK	RUAD	MO.
24A. DATE REC'U	BY HEALTH DEPT.	24B, NAME C	F REGISTRAR	24C. FUNERA	AL DIRECTOR		ADDRESS	
	APR 28 1967	100 50	E. Falleuma	DIPPE	L BRO	SINC 1800 E	LOMBAR.	0 57
VS 151-REV. 1/1/	/65	1112 00 (1)	C, GCLESCAPE INC	0 4 1	-)	1		

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BORDERS (CHINES IN CO.)

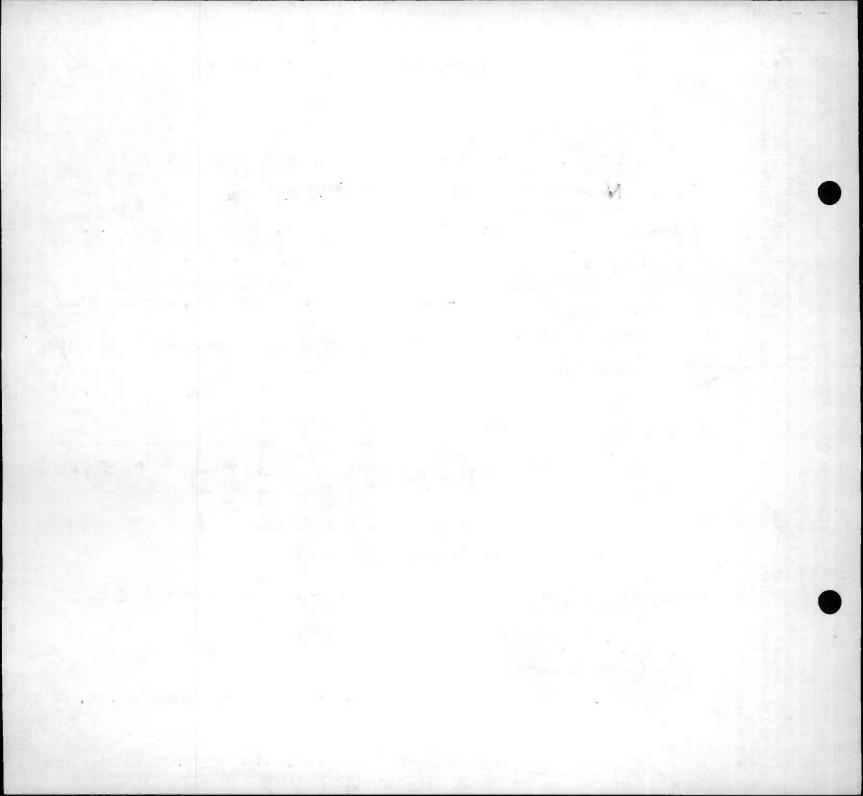
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Second Company Compa	11.	E CASE NO.	CEASED				2. DATE AND HOUR PRONOUNCED DEA	D
Colored Colo	Ту	pe or Print)	35 4 20 37	VE TOFTM	ANT			
Mary land Mary	3.	PLACE IN BALT	0			4. USUAL RESID	ENCE (Where deceased lived. If institution: re	
1715 Druid Hill Avenue 21217	FU HC IN:	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTITU CATION)	JTION, GIVE STREET	Marylan c. city or tow	d VN (If autside corporate limits, write RURA)	and give township)
S. SEK G. RACE 7. MARRIED 7. MARRIED 7. MARRIED 7. Months of the provided with the provided of the provided with the provided	1	171	L5 DRUID HIL	L AVENUE				
Female Colored Widowed July 4, 1895 71 104. USUAL OCCUPATION (cive kind of wood) 104. NND OF BUSINESS OR INDUSTRY). BRITHPLACE (Stote or bridge country) Housekeeper Frivate Family Baltimore Meryland Daniel E. Brown Daniel E. Brown Georgianna Gibson 15. WAS DECEASED EVER IN U.S. ABMED FORCES? Read word of the soft of service) 10. SOCIAL 10. STEURIT NO. 219-07-1058 Miss. Cleota Kelly 1715 Druid Hill Ave Notes of southerwild yes, species with a strain of the country of the social service) 10. SACIANT NO. 219-07-1058 Miss. Cleota Kelly 1715 Druid Hill Ave INTERVAL BETWEEN ONESS OR CONDITION LAST. CAUSE OF DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ON SET AND DEA	5	SEY	A PACE	7 AAADDIED	NEVER MARRIED		- · · · · · · · · · · · · · · · · · · ·	
Incompletion Inco				WIDO WED,	DIVORCED (specify)	B. DATE OF BIRT	lost birthday) Month	
House-keeper Second House-keeper								TIZEN OF
1. MOTHERS NAME 1. MOTHERS MAIDEN NAME 1		ne during most of v	working life, even if retired	d)			WI	HAT COUNTRY?
SECURITY NO. 18. 18. 19. 1	13.			Fri	vate ramily	14. MOTHER'S M	AIDEN NAME	J.D.A.
S. COLAL		Danie	1 E. Brown			Georg	rianna Gibson	
18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH (A) Arteriosclerotic cardiovascular disease DUE TO DUE	15.	WAS DECEASE	D EVER IN U.S. ARM	ED FORCES?				ESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dring, e.g., heof foliure, athenic, etc.) If mosh the discose, injury or complication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIMNG RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IS 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYS ('Fe.s. or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION 20A. AUTOPSYS ('Fe.s. or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO OTHER SIGNIFICANT CONDITION CONTRIBUTING TO WAS PERFORMED IN CERTIFYING CAUSE WAS 10A DEATH 20A			, and year, give were or a	oles di selvice,		Miss. Cle	ota Kelly 1715 Dmid	Hill Ave
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., hear follow, de. I'll meens the disease, injury or complication, which coused death, and the coused death of the		1B. /	731.				The second secon	INTERVAL BETWEEN
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESTABLE OF ONE RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION CAUSING IT. 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 201. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 210. TIME OF INJURY (APPROX.) 211. EVITED HAVE OF INJURY (APPROX.) 212. I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my apinian resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER X ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. 223. BURIAL CREMATION, REMOVAL (Specify) Burial APDUTUS CEMETERY OF CREMATORY APDUTUS MEMORIAL Park APDUTUS Balto Co. Mdd		DISEASES (ANTECEDENT CAU OR CONDITIONS, IF	SES ANY, GIVING STATING THE				
No	Z				(C)		***************************************	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	FICA	OTHER SIGN	NIFICANT CONDITION DEATH BUT NOT	RELATED TO T	NG			
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EXAMINER'S NAME (Type) RUSSELL S'. FISHER, M.D. 23A. BURIAL CREMATION, PARCE (Specify) Burial 4/29/67 Arbutus Memorial Park ASSOCIATE MEDICAL EXAMINER 4-26-67 4-26-67 4-26-67 4-26-67 Arbutus Memorial Park Arbutus Balto Co. Md	CAL CERTIFICA	OTHER SIGN TO THE DISEASE OF THE DIS	ENIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSI F OPERATION 198, CO WAS P AL CAUSE WAS OR CONTRIB- JSE OF DEATH. (Month) (Doy) (Y	RELATED TO T NG IT. ONDITION FOR T ERFORMED 21B. home etc.) (eoi) (Hour) 2 m. V	NG HE WHICH OPERATION PLACE OF INJURY (e.g., i , form, foctory, street, o TE. INJURY OCCURRED WHILE AT NOT N YORK AT W.	NO in ar obout 21C. W ffice bldg., INJURY 21F. HC	IN CERTIFYING CAUSES OF OCCUR? OCCUR? OW DID INJURY OCCUR?	t lacation)
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4. USIIAL RESIDENCE (Where deceased lived, If institution; residence before admission) C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? II.S.A BCH 4940 Eastern Avenue DDRESS Baltimore, Maryland #21224 INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED Baltimore, Md. #21224 Burial Arbutus Memorial Park Balto Co. Arbutus Md 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAL 25C. FUNERAL DIRECTOR ADDRESS Merbert E. Matter 3035 W. North Ave VS 150-REV, 1/1/65

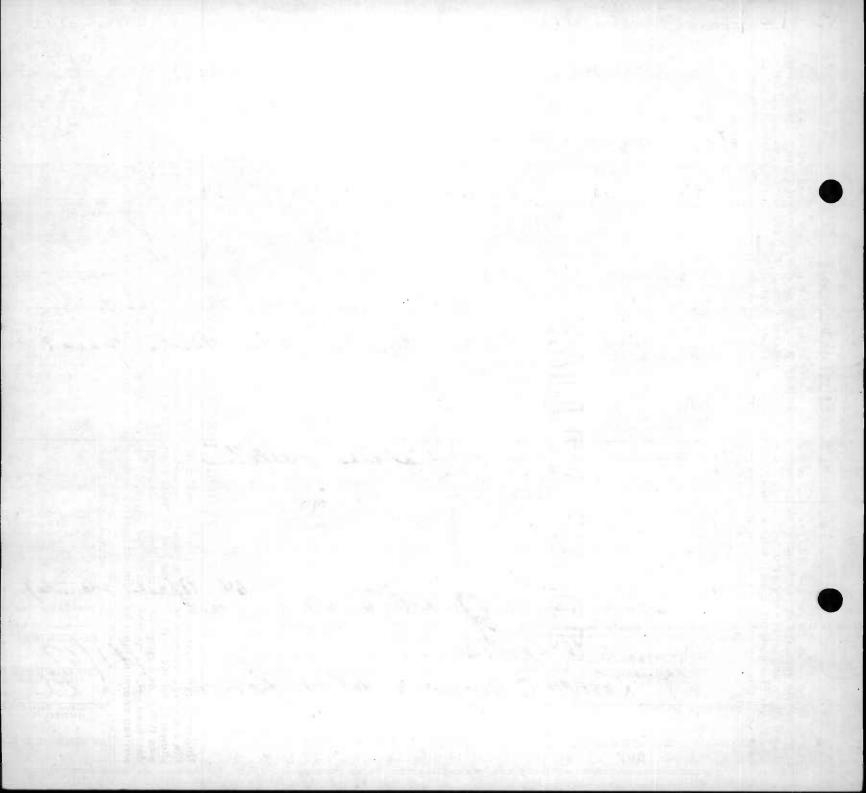


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Sucht L.

	pe or Print) Gross	MARY S.	2. DATE AND HOUR OF DE	9
3. F	PLACE OF DEATH IN BALTIMORE, N		4. USUAL RESIDENCE (Where deceosed lived.	If institution: residence before admiss
			A. STATE B. COUNTY	
F	HOSPITAL OR oddress or locat	of or institution, give street ion)	C. CITY OR TOWN (If outside city limits, w	wite RURAL and give township)
- 11	NSTITUTION SINAI	HOSP	BALTIMORE	013
	1/2	1/0-1	D. STREET ADDRESS (If rurol, give tocotion	1) 10
	MX		4000 Fallstoff	Rd
5. S	FW	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 6	7 If Under 1 Yr. If Under 24 Months Doys Hours Mi
	. USUAL OCCUPATION (Give kind of we during most of working lile, even if retired	ork 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
JOIN	the tour	·	Maryburd	U87
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	- ABRAHAM		Chia	
15. 1	Was Deceased Ever in U. S. Armed F	orces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes	s,no or unknown) (If yes, give wor or do	oles of service) SECURITY NO.	H. Walen, WP.	SINAL MOSIP
	18. 443X I	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
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	(This daes nat mean the made heart failure, osthenia, etc. It mean	of dying, e.g., DUE TO	0.000 a \$000 0000 au 0.0 a 640 a 640 au 110 au 110 au 110 a 640	
	injury or complication which cause	4 441 5	36.47	11/200 1/200
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	DISEASES OR CONDITIONS, if	any, giving		
	rise Ia the above couse (A UNDERLYING CONDITION last.) stoting the (C)	***************************************	
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ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE		
CA	TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING	LATED TO THE	20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
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Type or Print)		00001	26 100	7 1 18
PLACE OF DEATH IN BALTIMORE, MARYLAND	MNBERG	LA USUAL RESIDENCE (When	26, 196	stitution: residence before admir
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FULL NAME OF (If not in hospital or institution	a give street	MARGIANA		
HOSPITAL OR oddress or location)	y give silver	C. CITY OR TOWN (II out	ide city limits, write R	URAL and give township)
INSTITUTION				17-11
ALLOI PALL MALL RO	80	D. STREET ADDRESS (IF	urol, give locotion)	
Jewish Codd. + NUR.	sing Home	14601 PALL	MALL KO	AD
	D, NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 2 Months Doys Hours A
	ED, DIVORCED (specify)	10-12-1897	ost birthdoy)	Atonin's Doys Hours
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FATHER'S NAME		14. MOTHER'S MAIDEN NAM	N.F.	0,0,1
TOTAL STATE		THE THE PARTY IN A PAR		
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.			
No	213-16-4888	HARRY KYLP	3708 0	OLLIER RD
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OF IN HIEV	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
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22. I certify that (1) (this haspital) attended	the deceased from	eul 1	964 10 al	ul 26 196
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and hour and from the couses stated above.	We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	4			23B. DATE SIGNED
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23C. PHYSICIANS	.41	23D. ADDRESS	7	1 1, 2
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IA. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (CI	TOWN (S
REMOVAL (Specify)	0 0	EMATORY 24D. LC	CATION (CI	ly, town, or county) (5)
BURIAL 4/2767 C	herra Ohava	a Classed Re	CATION (City	hm
REMOVAL (Specify) BURIAL A. DATE REC'D BY HEALTH DEPT. 258. NAM!	0 0	Closed R	CATION (CHI	ly, town, or county) (SI
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REMOVAL (Specify) BURIAL GA. DATE REC'D BY HEALTH DEPT. 258. NAM!	herra Ohava	Closed R	indellatour	ADDRESS



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	C	7 4479		BALTIMORE CITY	HEALTH DEPARTMENT		67 4
BIRTH NO	.	7 4172		CERTIFICA	TE OF DEATH	Registered No.	
	OF DECEA		ALAS,	ANNA Y.	API	RIL 25, 1967	
. PLAC	E OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If in	stitution: residence before odmi
HOSPI	NAME OF	(If not in hospital oddress or location	or institution, n)	give street		outside city limits, write l	RURAL and give township)
	40	ST. AGN	ES HOS	PITAL		f rurol, give location)	63.00
SEX FEN	ALE 6.	WHITE		NEVER MARRIED D. DIVORCED (specify)	5901 SUNSE	9. AGE (In years lost birthdoy)	21207 II Under 1 Yr. II Under 24 Months Doys Hours N
A. USU	AL OCCUPA	ATION (Give kind of work king life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or To	reign country)	12. CITIZEN OF WHAT COUNTRY?
	ER'S NAME	r E	NON	E .	14. MOTHERS MAIDEN NA	AME	NOT 0.3.01
BAR	THOLA	MEW YAKAM	ICUTE	(DEC D)	AGOTA	(DEC	(1D)
		er in U. S. Armed For yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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NO OTH	IER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTIN	G			
A DISI	THE DEA	TH BUT NOT RELANDITION CAUSING I	TED TO TH				
194.	DATE OF O	PERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or h	10 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
J 21 A.	ACCIDENT	WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(II in Boltimore	City, give exact location)
DEA		NG CAUSE OF codicol exominer)	horr etc.	e, lorm, foctory, street, c	office bldg., INJURY OCCUR?		
21D.		Aonth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
>	ROX.)		Wh	ile At Not Whi			
22.	I certify the	ot (1) (this hospital		^	PRIL 17	167 to APF	RIL 25 196
that	(1) (we) la	st sow the deceose	d olive on	APRLL 25	19 67 and 1	that in (my) (aur) api	nion death occurred on the
					view the body ofter death	•	
23A.	SIGNATURE	(()~	and a	Jalmo All	ending Med.	Stoll Phys.	238. DATE SIGNED / 4/25/67
23C.	PHYSICIAN'S NAME (Type	Tuda	FC	ABRERA M.D.	ST. AGNES HO	OSP;CATON 8	21229 WILKENS AVE
24A. BUI	RIAL CREMA	TION, 248. DATE	-	AME of CEMETERY OF CR			ty, town, or county) (St
date.	νον λι ⊣Spe ∵ial	,	8, 1967	Loudon Park (alto. Md.	
		HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	AP	K 58 1023	(12 D) A	Y ATA LOURA	G. Truman Sc	hwab 3512 Fre	derick Ave, Balt

REMOVAL (Specily) 28, 1967 LOUIL-Burial April
25A. DATE REC'D BY HEALTH DEPT.
APR 28 1067 Loudon Park Cem. Balto. Md. 25C. FUNERAL DIRECTOR ADDRESS Schwab 3512 Frederick Ave, Balto. VS 150-REV. 1/1/65

SALETING, ASS. T. ARRIVED AND SALE SE, 1267

171 3 33 6 1 . 73

COMPANY TERMS IN THE

SEALE WALKS WHICH

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(4'SEG) ATC: A SEC. STOLLAR REGISTRAL

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FY. WEST BANKS SATUR S SILVERS AVES

	FUNERAL	DIRECTOR:	FUNERAL DIRECTOR: IMPORTANT		H
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	by the chief me	dical examiner	or his assistant if de	eath occurred in a hospital an	1 Pu
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death 🦠	spital by a medi	ical examiner.	Also, if the direct	or contributing cause of deal	th a
shows: (1) An accident of any nat	ture; (2) Body bur	rns; (3) A fractur	e of any kind; (4) U	ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 📉	2 Pe
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	where the phys	sician who pron	nounced death was	in regular attendance on the	he
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	5) No physician w	vas in regular	attendance on the	deceased prior to death. Su	4

1		OP ARM	0	BALTIMORE	CITY HEAL	TH DEPARTMENT		67 1	1170
BIRTH N		67 417	ర	CERTIFI	CATE	OF DEATH	Registered No.	4	1./0
	ASE NO. E OF DECEASE	D				2. DATE A	ND HOUR OF DEATH	1	
(Type or	r Print) H	ITYIFK	7-16	TAR H	CHAR	Any	26, 19	10 1	0
3. PLAC	CE OF DEATH	IN BALTIMORE, MARY	AND 7	(-	4. US	JAL RESIDENCE (Wh	ere deceased lived. If	institution: residence beton	re odmission
				GEORG	E A. STA	TE B. COU	NTY		
FULL HOSP	. NAME OF PITAL OR	(If not in hospital or oddress or location)	institution, gr	ve street	6 60	Y OR TOWN (II o	A THE STATE OF THE	Bilbat	2.11
INSTI	ITUTION				C. CI	DA (TILA)	urside city limits, write	RURAL and give townsh	17-1
10	11/11/11/11	CALLADY	Hara	tul	D STI	SALINO	rural give location)		00
OFK	MARCIN	SQUARE	1102/2	MAL	. 31	1	TATAN AND	1	
5. S EX	6. R			IEVER MARRIED	9 DAY	E OF BIRTH	9. AGE (In years	If Under 1 Yr., If U	Inder 24 Hr
3. 3.	1	AW	WIDOWED,	DIVORCED (specif		/ / //	lost birthdoy) (55	. Monthei Days i Hour	
103 1151	UAL OCCUPAT	ION (Give kind of work)		arried	CTDV 11 000	70///			1
done duri	ring most of working	ig life, even if retired)	. KIND OF B	MOSINESS OR INDU	SIKI II. BIK	THPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY	
	SWEE	DER	Balto. C	ity	E	alto. Mx Md	•	U. S. 1	A.
13. FATE	HER'S NAME	, , , ,	TU.		14. MC	THER'S MAIDEN NA	Minnie)	
	TA	COR HI	T71	FR	7	ITTAK	FTH	SHIVIINT	7
		in U. S. Armed Force		6. SOCIAL	17. INF	ORMANT EUR	JUIL	ADDRESS	762
(Yes, no	or unknown) (If y	es, give wor or dotes	of service)	SECURITY NO.	2 20	EVE	Lyn	00 101	Md.
	No		154	anknon			- 1	6 Stafford St.	
1B.	1 2 01	/ 1		CAU	OF DEA	Myo CA	with my	WICH INTERVAL BE	DEATH
		R CONDITION DIRECTION DIRECTION	CTLY	×	INDA	1 - 0	2	1 11	
(Thi		neon the mode of d	vina. e.g.,	(A)	14/12/14	15mof C	MKOLIBA	THERY	
heo	ort foilure, osth	enio, etc. II meons th	ne diseose,			'			
""		CEDENT CAUSES	eom./	(R)	00	A			
				DUE TO)		***************************************		hauvaaau 88** 88* 8
		CONDITIONS, if on sove couse (A) s		(C)					
	UNDERLYING CONDITION lost.								
NO TO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
A DIS	SEASE OR CON	DITION CAUSING IT.							
19A.	DATE OF OPE	WAS PERFO	TION FOR WE	HICH OPERATION	20 A	AUTOPSY? (Yes or N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	D
S 11.	A C CID SHE II	46 11110 551 14110 5	1010.0			Vale within an	(//		
OR	CONTRIBUTING		home,	form, foctory, stre	e.g., in or obo et, office bld	of 21C. WHERE DID	(It in Baltimo	ore City, give exact locati	an)
DEA	ATH (notify med	icol exominer)	etc.)						
	INJURY (Mo	nth) (Doy) (Year)	(Hour) 21 E. II	NJURY OCCURRED		21 F. HOW DID IN	JURY OCCUR?		
>	PROX.)		While Work	At Not	While Work				
22	1	(1) (4) (4) (4) (4)			A	10	10 60 00	11/ 2/	(17
		(1) (this hospital)		1 mil.	1	1	1967 10 DA		
		sow the deceosed		/	- <i>O_f</i> 1	/		oinion deoth occurred	on the do
		m the couses stated	obove. (1)	(We) (did) (did n	ot) view th	e bodý ofter deoth.			
23A.	. SIGNATURE			//				23B. DATE SIGNED	/
	L	Jan R.	40 1	The M.D.	Phys.	Med. Director	Staff Phys.	AD119 21	67
23 C.	PHYSICIAN'S NAME (Type)	1	111	7	23D. AD	DR ESS		7	-
		V			M.D.			/	
		ON, 24B. DATE	24C.NAA	AE of CEMETERY o	CREMATOR	Y 24D.	LOCATION (C	City, town, or county)	(Stote)
RE	MOVAL (Specif	y)							
-	ATE REC'D BY H	April 29	1, 1967	Loudon Pa			lto. Md.	400000	
ZJM. UA	ALE RECUBIT	DD 00 100		- 60.65		FUNERAL DIRECTO		rederick Ave.	
	<u> </u>	1 KO 1901	(Colore	5 E. Jack	OLPH .	r. II unan Sc	TIMON JULA FI	COGITOR WAG.	DOLL VU .
VS 150-	REV. 1/1/65		F 12	of The same		9 ()	1		

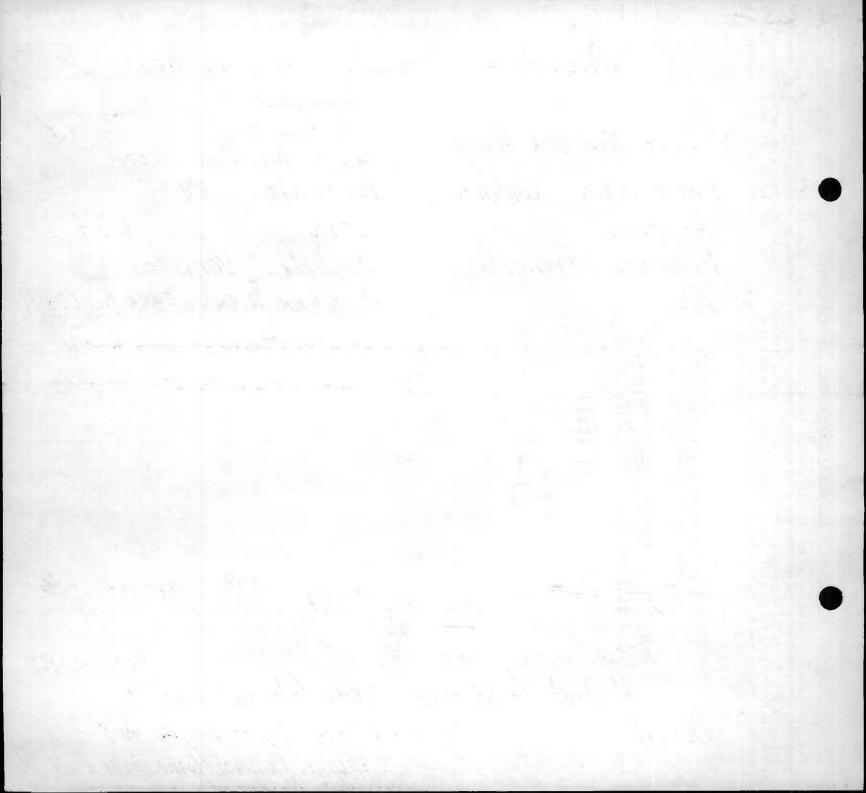
(Minnie)

George

Evely N Md. Mrs. Esther 2. Hutzler 3136 Stafford St. Balto.

No

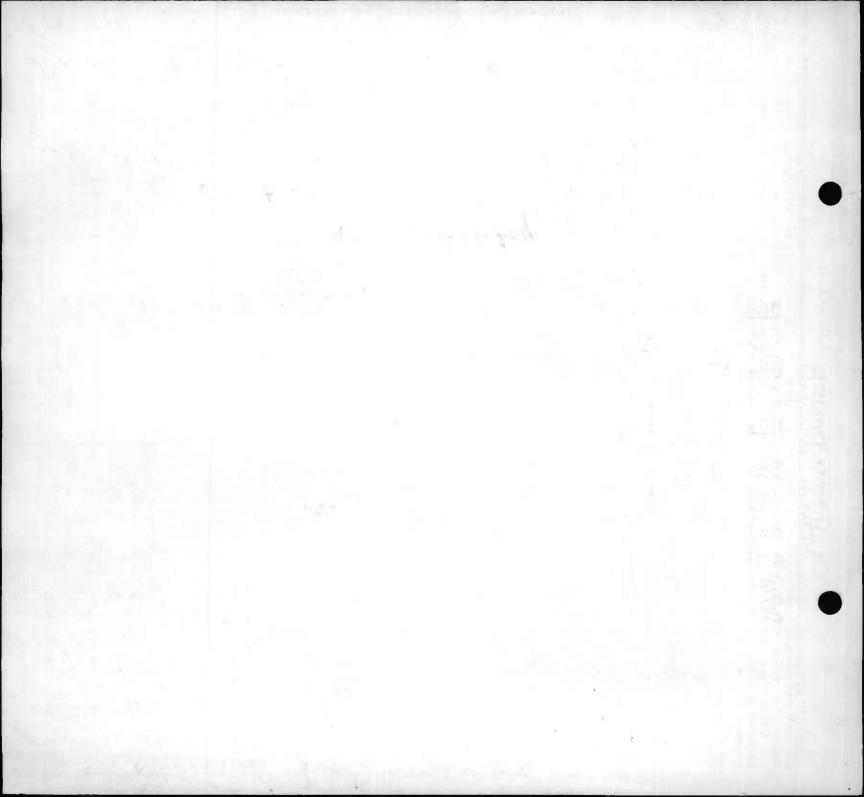
	67 4174	BALTIMORE CITY	HEALTH DEPARTMENT		67	4174
BIR	TH NO.	CERTIFICA	TE OF DEATH	Registered No.	-	47/4
	E. CASE NO.			HOUR OF DEATH		
	pe ar Print) Mich Plans	Tring	2/1 //201	72 101	771	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	111119	4. USUAL RESIDENCE (Where A, STATE, B; COUNT	deceased lived. If inst	itution: residenc	e before admission)
1		,	A. STATE B. COUNT	,1		
Ш	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or location) INSTITUTION	street	C. CLTY, OR TOWN (If outs	ide city limits, write RL	JRAL and give	township)
h			Beltimor	1	2	7-19
Y	2600 Ken Ock Ros	d		ural, give location)	D	
_			2600 Ken	OAK /	10201	
5.	6. RACE 7. MARRIED, NEV	VER MARRIED IVORCED (specify)	7	AGE (In years ost birthdoy)	If Under 1 Yr. Months: Days	If Under 24 Hrs. Hours Min.
1	-emile White Widows	°d	LEC 21 1887	19		
dor	A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUS ne dyring most of working life, even if refired)	INESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN O	
1	At home -		1/2/4		08	1/4
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	1	
1	rencesco /ringeli		Rachala	Monret	P	
15.	Was Deceased Ever in U. S. Armed Forces?		17. JNFORMANT	- 16/1131	ADDI	RESS
(Te	s, po opunknown) (If yes, give war or dates of service)	SECURITY NO.	100016	211211 7	100 K	10/12/D
1		CAUSE OF	JOSEJININE L	DVANEZ	600 Me	VAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH			AND DEATH
	LEADING TO DEATH	(a) Ca	runny retor	tio	6-	Trus.
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	anna ann ann an an Marian Maria Marian ann an an an Air ann an ann an an Air an Air ann an Air an Air ann an Air a			
	injury ar camplication which caused death.)	60		0 1.	.7	
	ANTECEDENT CAUSES	DUE TO	ACALICIAN ma	l. breast.	3 4	jers.
	DISEASES OR CONDITIONS, if any, giving				/	
	rise la lhe abave cause (A) staling the UNDERLYING CONDITION last.	(C)		**************************************		
	11					
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FILL	NDINGS CONS	SIDERED
CERI	21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INTURY (o = in	an about 21 C. WHERE DID	00 10 10	<u></u>	
₽ N		orm, factory, street, off	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoc	t location)
EDIC		URY OCCURRED	21F. HOW DID INJU	BY O.C.CIIPA		
N M	OF INJURY (APPROX.) While A			RT OCCUR:		
	Work	At Work		11 12		1 44
	22. I certify that (I) (this hespital) attended the		Jan 19	16/ to 4/	2.77	196/
	that (I) (we) last saw the deceased alive on	V	19 6 ond the	tin (my) (our) opini	on death acc	urred on the dote
	ond hour and from the causes stated above. (!) (#	c) (did not) v	lew the bady ofter death.			
	23A. SIGNATURE	7 2 45	E/ M. I		3B. DATE SIGN	IED
	perveit oldstone	M.D. After Phys	Med. Director P	hys.	april	24.1967
	23C. PHYSICIAN'S NAME (Type)	/	3D. ADDRESS	10	A	17.1
	Herbert Golds	tone M.D.	5643 616n	941e /tue		
244	A. BURIAL CREMATION, 24B. DATE 24C. NAME	CEMETERY OF CREE	MATORY 24D. LO	CATION (City,	town, or count	(State)
0	Dur 121 0+ 11	24 mond.	5 cm /1/2	stchesten	NY	
257	DATE REC'D BY HEALTH DEPT. 258. NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR	111	AC	DDRESS // t
	APR 28 1967 (P. P E.	stable M.M.	Durgee Tun	evel Home	3631	12/8 /G
VS	150-REV. 1/1/65	1 0 130 K	WARRIN 19000	ule An		



	67 4175	BALTIMORE CITY	HEALTH DEPARTMENT		/5 PM # # # # # # # # # # # # # # # # # #
	NO. Of 4170	CERTIFICA	TE OF DEATH	Registered No	67 4175
1. NA	ME OF DECEASED OF Print)	. (WARREN		HOUR OF DEATH	67 030 0
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND	- WARAEN	4. USUAL RESIDENCE (Where A. STATE B. GOUNT	deceased lived. If institu	tian: residence befare admission
	LL NAME OF (If not in hospital or institut OSPITAL OR oddress or location)	ion, give street	Marylan	d	
	STITUTION	1	13.11:	ide city limits, write RURA	AL and give townships
0	0 1203 Morling	9 AVE	D. STREET ADDRESS (If in	orling Al	10
5. SE	6. RACE 7. MARI	RIED, NEVER MARRIED		. AGE (In years If	Under 1 Yr. If Under 24 Hr onths Doys Hours Min.
	JSUAL OCCUPATION (Give kind of work 10B. KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12	2. CITIZEN OF WHAT COUNTRY?
	Seamstress Un	itorm Mfgr.	Pennsy	Ivania	USA
13. F	DAVID Pittin	00-	4. MOTHER'S MAIDEN NAM	3	
5. W	os Deceased Evar in U. S. Armed Forces? notogunknown] (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	TOWELLS 13	ADDRESS
	No	220070715	- Harol	d E. W	arrener
1	DISEASE OF CONDITION DIRECTLY	CAUSE OF			ONSET AND DEATH
	LEADING TO DEATH	(A) Clace	te Pulmore	ay Congelie	Sukley
	This does not mean the mode of dying, neart failure, asthenia, etc. It means the dise njury or complication which coused death.)	e.g., DUE 10		` /	00
	ANTECEDENT CAUSES	(B) Any	reales b	suffery.	1930
1	DISEASES OR CONDITIONS, if ony, gives to the obove couse (A) sloting UNDERLYING CONDITION lost.	ving the (C)	te Pulmors ocoloce be ylegene	\$	1870
	THER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	
20 2	TA. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Baltimore Ci	ty, give exact locotion)
MEDI	ID. TIME (Month) (Doy) (Year) (Hour) FINJURY APPROX.)	21E. INJURY OCCURRED While At	21 F. HOW DID INJU	RY OCCUR?	
2	2. I certify that (I) (this located) attend	ed the deceased from	0-1	950 10 apri	l 13 1967
	hot (I) (wa) lost sow the deceased alive	7	/	tin (my) (ophoplnion	n death occurred on the do
	nd hour and from the couses stated abov	e. (I) (Ne) (did) (did not) vi	ew the body offer deoth.	23	B, DATE SIGNED
	Facoure La ly	Wilesell M.D. Atter	ding Med.	Staff Phys.	4-24-67
12	NAME (Type)	simanek m.D.	3D. ADDRESS	Tille Rd	
24A.		C. NAME of CEMETERY OF CREE	MATORY 24D, LO	CATION (City, 1	own, or county) (State)
	Surial (Specify)	Jessops C.	emetery Ba	Itimore C	ounty, Md
25A.	DATE REC'D BY HEALTH DEPT. 258. NA.	be falleyma -	29 FUNERAL DIRECTOR	Maria / Hara	ADDRESS Falls
VS 1:	0-REV. 1/1/65	6 7 0/32	TONGE MY	india to	e Jositali

Semisters Under High Permittens DE Louise Pittinger Burnal stranger as a series County of the

	4.100	BALTIMORE CITY	HEALTH DEPARTMENT		67 417
	H NO. 67 4176	CERTIFICA	TE OF DEATH	Registered Na	0/ 41/
1. N	AM OF DECEASED	. 10	2. DATE AN	HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE MARYLAND	op /1.	41	26/61	10.45
3. 1	PLACE OF DEATH IN BALTIMORE, MARTLAND		A. STATE B. COUN	deceased lived. If inst	itution; residence before odmi:
	FULL NAME OF (If not in hospital or institution, address or location)	give street	C. CITY OF TOWN All out	ind	ID . 1
	NSTITUTION Die Ile/4nd nu	nsing		2000 City limits, write RC	JRAL and give township)
	10 Home	/ / /		urol, give location)	1 1 04
	1501 Dulle/1	indst.	942 0	U. Lam	bane ST
5. \$		D, DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours N
IOA		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
don	during most of working life, even if retired)	activing Co-	71. 7		(1 SA
13.	FATHER'S NAME	ween une	14. MOTHER'S MAIDEN NAM	1E	4/3//
13.	1 1	*	· cul		
110.	Was Deceased Ever in U. S. Armed Forces? s,no of unknown](If yes, give war or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Te	A	SECURITY NO.	Du Keland	111100 -	1501 Duli. 1.
	18. / 2.2 4	CAUSE OF	DEATH	win e	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
1	LEADING TO DEATH	(A) C. HA	PONIC MYOCAR	01 715 6	
	(This does not mean the mode of dying, e.g. heat foilure, asthenia, etc. It means the disease	DUE TO	PULM	OHARY CONGESTI	6N
	injury or complication which coused death.)		e became a second		
	ANTECEDENT CAUSES		RIOSCLEROTIC C	ALDIO - VASCULAR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the				
MOIL	UNDERLYING CONDITION 1051.	\ \ /		3 3 5 7 - 8 6 7 7 7 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7	**************************************
-	II II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE	HE			
Q	DISEASE OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20 B. IF YES, WERE FI	NDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		no	IN CERTIFYING CAU	SES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21I	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner)		Singy into ki o Cook:		
	21D. TIME (Month) (Doy) (Yeor) (Hour) 211 OF INJURY	E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
WE	(A DBBOY)	hite At Not While At Work			
	22. I certify that (I) (this haspital) attended			9 66 10	4-26 196
l I	that (1) (we) last saw the deceased alive an	11 20	19 6 7 and the		
	and haur and from the causes stated above.			a arting, tuon, upini	an Jouin accomed an the
	23A. SIGNATURE	(i) (ne) (aia) (aia ndi) v	iew the bady affer death.	Т	23B. DATE SIGNED
	20	M.D. Atte	nding Med.	Stoff Phys.	4 27 17
24A 25A	23C. PHYSICIAN'S	Phys	Director 23D. ADDRESS	Phys.	7-21-61
	NAME (Type)	M.D.	it suice	1/4 /	1.06
244	BURIAL CREMATION, 24B. DATE 24C.N	IAME of CEMETERY OF CRE	MATORY 124D IV	CATION (City	town, or county) (Ste
247	REMOVAL (Specify)			CATION	, lowin, or coomy)
25	Junal 4/39/67 Du		notices	De	Elining Hid
254	A DATE REC'D BY HEALTH/DEPT 258, NAME	OF REGISTRAR	25C. PUNERAL DIRECTOR	1/1	ADDRESS
	150 251 1/1//5	1000	John)	Lowo	y them The
VS	150-REV. 1/1/65			YO1 5 /2	lans IF



ME CASE ON TARKET OF DEATH Registered No.		BALTIMORE CITY	HEALTH DEPARTMENT
	- 11	CERTIFICA	TE OF DEATH Registered No. 67 4777
FULL NAME OF HOSTIAL OR DESCRIPTION OF THE STATE OF THE S		NAME OF DECEASED William Morman Foard	2. DATE AND HOUR OF DEATH 1967 905 0 W
Baltimore Mostification M	3	PLACE OF DEATH IN BALTIMORE, MARTLAND	4. USUAL RESIDENCE (Where decaysed lived, if institution: residence before admission) A. STATE B. COUNTY
DEADESS OF CONDITION DIRECTLY LEADING SO ACT CONDITION CONTRIBUTING TO THE BEATH BUT CAUSE OF DEATH DIRECT CONTRIBUTING TO THE BEATH BUT NOT RELATED TO THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE BEATH BUT OF THE BEATH BUT OF THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE BEATH BUT OF THE BEATH BUT OF THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT OF THE BEATH BUT OF THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIRECT CONTRIBUTING CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT CONTRIBUTING CAUSE OF CALL WAS AND THE CO		FULL NAME OF (If not in hospitol or institution, give street	MARY LAND Baltimore Co,
SERV (6. RACE T. AMERICO NEVER MARRIED NEVER NEVER MARRIED			V
The State of Condition like Condition of the State of State of Condition like Like like like like like like like like l		48	D. STREET ADDRESS (If furd, give location) Mountvista Road
The control of the second form of the course of the second form of the		WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday) 103 - 11-89 103 - 11-89 104 In years lift Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
Beachmont Farm No		one during most of working life, even if retired)	WHAT COUNTRY?
Beachmont Farm No	5	3. FATHER'S NAME	
Beachmont Farm No	2		HUNA DIANS BURY
DISEASE, OR CONDITION DIRECTLY LEADING TO DEATH This does not meen the mode of dying, e.g., then folium, eighen, eic, lit means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION (S). ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION (C). THE BIBARH RUY MOTOR RELAY TO THE DEATH RUY MOTOR RELAY TO THE DISEASE OF CONDITION CAUSING IT. OTHER STOUMPCANT AND DITONS CONTRIBUTING (D) THE DISEASE OF CONDITION CAUSING IT. OTHER STOUMPCANT ON DITONS CONTRIBUTING (D) THE DISEASE OF CONDITION CAUSING IT. OTHER STOUMPCANT ON DITONS CONTRIBUTING (D) THE DISEASE OF CONDITION CAUSING IT. OTHER STOUMPCANT ON DITONS CONTRIBUTING (D) THE DISEASE OF CONDITION CAUSING IT. OTHER STOUMPCANT ON DITONS CONTRIBUTING (D) THE DISEASE OF CONDITION CAUSING IT. OTHER STOUMPCANT ON DITONS CONTRIBUTING (D) THE DISEASE OF CONDITION CAUSING IT. OTHER STOUMPCANT ON DITONS CONTRIBUTING (D) THE DISEASE OF CONDITION CAUSING IT. OTHER STOUMPCANT ON DITONS CONTRIBUTING (D) THE DISEASE OF CONDITION CAUSING IT. OTHER STOUMPCANT ON DITONS CONTRIBUTING (D) THE DISEASE OF CONDITION CAUSING CAUSE OF DEATH? INTERVAL SETTING CAUSE OF CONDITION CAUSING IT. OTHER STOUMPCANT ON DITONS CONTRIBUTING (D) THE DISEASE OF CONDITION CAUSING CONTRIBUTING CAUSE OF DEATH? INTERVAL SETTING CAUSE OF CONDITION CAUSING CONTRIBUTING CAUSE OF THE CONTRIBUTION CAUSE OF DEATH? INTERVAL SETTING CAUSE OF CONDITION CAUSING CONTRIBUTING COURT OF THE CONTRIBUTION CAUSE OF DEATH? INTERVAL SETTING CAUSE OF CONDITION CAUSING CONTRIBUTION CAUSE OF DEATH? INTERVAL SETTING CAUSE OF CONDITION CAUSING CONTRIBUTION COURT OF THE CONTRIBUTION CAUSE OF DEATH? INTERVAL SETTING CAUSE OF CONDITION CAUSING CAUSE OF THE CONTRIBUTION CAUSE OF DEATH? INTERVAL SETTING CAUSE OF CONDITION CAUSING CAUSE OF THE CONTRIBUTION CAUSE OF THE CONTRIBUTION CAUSE OF THE CONTRIBUTION CAUSE OF THE CONTRIBUT	5	Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO.	Beachmont Farm
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UNDERLYING CONDITION lost. Value Condition Conditions Contributions		DISEASES OR CONDITIONS, if any, giving	
21D. TIME OF INJURY (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Not While At Work 22. I certify that (W(this hospital) ottended the deceased from 19 67 to 26 MRIL 19 67 to 19 67 that (I) (may) lost saw the deceased alive on 26 MRIL 19 67 to 26 MRIL 19 67 to 19 67 ond that in (my) lost opinion death occurred on the date and hour and from the couses stated above. (I) (WE) (did) (did not) view the body ofter death. 23A. SIGNATURE M.D. Attending Med. Staff Director Phys. (23D. ADDRESS NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, tawn, ar county) REMOVAL (Specify) Burial 4/29/1967 Bethel 25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS			
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21D. TIME OF INJURY (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Not While 19 67 to 26 19 67 to 19 67	етпе	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	IN CERTIFYING CALLSES OF DEATH?
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23A, SICHATERE 23A, SICHATERE M.D. Attending Med. Director Direc	2		
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Burial 4/29/1967 Bethel Madonna, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS			ending Med. Staff S. Director Phys. 26 amil 67
Burial 4/29/1967 Bethel Madonna, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		NAME (Type)	M M M M M M M M M M
Burial 4/29/1967 Bethel Madonna, Maryland 256. Date Record By Health Dept. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	2	MILLUMEC 13.1 - 1000	
		REMOVAL (Specify)	
		ADD 28 1967 DB & Entallema	Charles E. Kurtz Jarrette

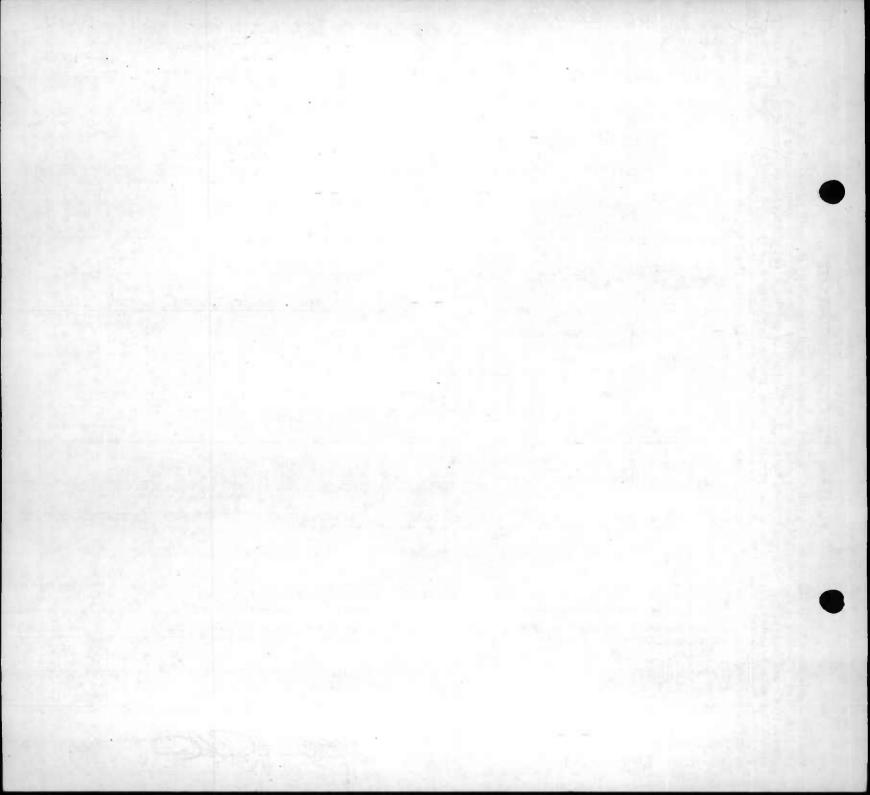
S agreet The Mary Land Carter Maryhans Comment Horn Kinggeitle Book Most FARM 63-11-89 28 CHARLETE Marylenn som as Used At 1000 ALINER STRANS BURY George Frances Bil oldiventored a con la Seenen Pariate Hypothyly Post The 18 Apr. 67 PORTOTE KAPERTANDES 26 aport 1 April 62 26 April 8 26 april 62 Michigal B Flynn Miney Lyan Convant Cons of two commences of the commences of the

		BALTIMORE CITY	HEALTH DEPARTMENT					
71	RTH NO. 67 4178	CERTIFICA	TE OF DEATH	Registered Na.	67 4178			
11	M.E. CASE NO.			D HOUR OF DEATH				
П	Type or Print) O'HARA, John	Joseph		1 26, 1967	8:30 P M.			
	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived, if in ITY	stitution: residence before admission)			
	FULL NAME OF (If not in hospital or institut address or location)	tion, give street	Maryland c. CITY OR TOWN (IF ou					
II	Veterans Administ	_	Baltimore	tside city limits, write i	RURAL ond give township)			
I	3900 Loch Raven B		D. STREET ADDRESS (If rural, give location)					
	Baltimore, Maryla	nd 21218	3125 Dillon S	treet				
		RIED, NEVER MARRIED	8/18/17	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.			
	OA, USUAL OCCUPATION (Give kind of work 10 B, KIN) tone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY?			
		to. City	Maryland		U.S.A.			
ľ	3. FATHERS NAME		14. MOTHER'S MAIDEN NA					
	John Joseph O'Hara Sr.		Sarah Lauretta	. Over				
ľ	5. Was Deceased Ever in U. S. Armed Farces? Yes, na ar unknown) (If yes, give wor or dates of serv	16. SOCIAL SECURITY NO.	V.A. Hospital E	ds	ADDRESS 2 21210			
	Yes 8-11-42 to 11-13-		V.A. Hospital E	saltimore, M	La KIKIO			
ľ	1B.	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY	C	recipion to	•				
	Cascinomatosis (This does not mean the made of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving							
	heart failure, asthenia, etc. It means the dise	eose,		_				
	ANTECEDENT CAUSES Bronchoglic Carcuma							
	DISEASES OR CONDITIONS, if any, giving							
1	rise to the above cause (A) stating UNDERLYING CONDITION last.							
	П							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING						
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?					
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)			
	Σ 21D. ΠΜΕ (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
l	E OF INJURY (APPROX.)	While At Not While Work Not Work						
ı	22. I certify that M (this hospital) attend			1967 to Apri	1 26 1967			
21D. TIME (Manth) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED (APPROX.) While At Not While (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from March 1. 1967 to April 26 that (2) (we) last saw the deceased alive on April 26 19 67 and that in (Ry) (our) opinion death of								
	and haur and from the causes stated above		view the body ofter death.	44,7,				
	23A. SIGNATURE				23 B. DATE SIGNED			
	Vistor 1 (2000	M.D. Atte	ending Med. S. Director	Stoff Phys.	4/26/67			
I	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS 3900 Loc					
	Victor J. Borges	M.D.		e, Md. 2121				
1	24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR			ty, town, or county) (State)			
		Baltimore Nation	al Cemeterv	B	altimore, Maryland			
	25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTO	1	ADDRESS			
	APR 28 1967 0.2	ent E. Tenkenna	John J. Duda	Inc. 2829 H	udson St. Balto. Mc			
	/S 150-REV, 1/1/65	0 / 0 !!	11 / 8 /	1				

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

67 4179	BALTIMORE CITY	HEALTH DEPARTMENT		CM AAMO		
BIRTH NO.	CERTIFICA	TE OF DEATH X	Registered No	67 4179		
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Isabel M. Hollan	ð	2. DATE AND	HOUR OF DEATH	3:00 P M.		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	V.	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institu	tion: residence before admission)		
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	Md.	Baltimore Cide city limits, write RUR			
90 House in Pines - Be	lvedere	Baltimo D. STREET ADDRESS (If no	ore 34 oral, give locotion) ordy Circle	33-00		
	HED, NEVER MARRIED (specify) Widowed	8. DATE OF BIRTH 9.10	AGE (In years ast birthday)	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min,		
IOA, USUAL OCCUPATION (Give kind of work 10 B. KINI done during most of working life, even if retired)		11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE .			
George Montgomery		Helen	Redford			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	ce) 16. SOCIAL	17. INFORMANT	11002010	ADDRESS		
No	223-09-2878	Howard H. Hol	land. 1812 D	unwoody Circle		
18. 4 2 2, 1	CAUSE O	<u> </u>		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY	C. V	~ . 1 1	nt (0) 1.	ONSET AND DEATH		
LEADING TO DEATH (This does not meen the mode of dying,	e.g. DUF TO	rgertius his	ACI JAIIUM	••••		
heort foilure, osthenio, etc. It means the dise injury or complication which coused death.)			V			
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, if ony, gi	DUE TO					
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.		Heno Electe	C.V.OLSER	352 .		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO USEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)		
O 21 D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?			
OF INJURY (APPROX.)	While At Not While At Work					
22. I certify that (I) (this hospital) ottend	1		9 to	19		
that (I) (we) lost saw the deceased olive				n death occurred on the date		
ond hour ond from the causes stoted obov	-		,(,, (==:, =p=			
23A. SIGNATURE	4: (1) (we) (ala) (ala lib)) V	new the body diret deom.	23	B. DATE SIGNED		
Come C. Soll	M.D. Atte	ending Med. Director	Staff Phys.	27 April D		
23C. PHYSICIAN'S		23D. ADDRESS	1.173.	o cino noi.		
NAME (Type)	M.D.					
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	EMATORY 24D. LO	CATION (City,	town, or county) (State)		
Burual 4-24-67	Forest In Car		5 day 100	44		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	Forest Lawn Cem	250 HUNERAL DIRECTOR	CILLION / TO	ADDRESS		
APR 28 1967 10.	R.S. FA.O. ME	Villiam E. Jo	linson, 8521	Loch Raven 31v		
VS 150-REV. 1/1/65		14 1 0 7		ALV VOIL LAV		



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65 4490	THEALTH DEPARTMENT Registered No. 67 41.80
CLITTICA	TE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) FRANK HARMON EPPLER, JR.	4-26-67 5:35 Pm
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or locotion) INSTITUTION	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL ond give township) BALTIMORE
THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location) 403 N. CHESTER ST.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MALE WHITE NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 11 Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 8, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FRANK HARMON EPPLER	14. MOTHERS MAIDEN NAME HELEN L. CARMAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	INTERVAL BETWEEN ONSET AND DEATH (INC. MEMBRADE DISEASE 3 DAYS
heart foilure, osthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (B) DUE TO	EMATURITY

	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	ONSET AND DEATH
	LEADING TO DEATH	(A) NYALINE MEMBRANE DISEASE	3 7AVS
	(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES	DUE TO (B) PREMATURITY DUE TO	
	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last.	(C)	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		

ANTECEDENT CAUSES	DUE TO		n n 8 an ander arangemen a canamem a manem de géréde un na an an an an an 60 a 8 an an 60 a 8 an an 60 a 6
DISEASES OR CONDITIONS, if any, gives to the obave cause (A) stating UNDERLYING CONDITION last.	ving the (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 198. CONDITION F		AUTOPSY? (Yes or No)	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg, etc.)		(If in Baltimore City, give exact locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	RY OCCUR?
			100

22. I certify that (M) (this hospital) attended the deceased from 26 196 that () (we) lost sow the deceased alive ond that in (my) (our) opinion death occurred on the date ond hour ond from the couses stoted obove. (1) (We) (did) (

23A. SIGNATURE	0. 1	0					23B, DATE	SIGNED
Joseph M.	almand.	In-	M.D.	Attending Phys.	Med. Director	Stoff Phys.	26	apri
22C PHYSICIANES		//		22D ADDRESS				

JOSEPH ALMAND, JR. THE M.D. JOHNS HOPKINS HOSPITAL 24B. DATE 24D. LOCATION

24A. BURIAL CREMATION, REMOVAL (Specify) Maryland Baltimore,

4/27/67 APR 28 1967 25 Cremation
25A. DATE REC'D BY 7 The Johns
25B. NAME OF RECISTRAN Hopkins Hosp. DIRECTO ADDRESS

VS 150-REV. 1/1/65

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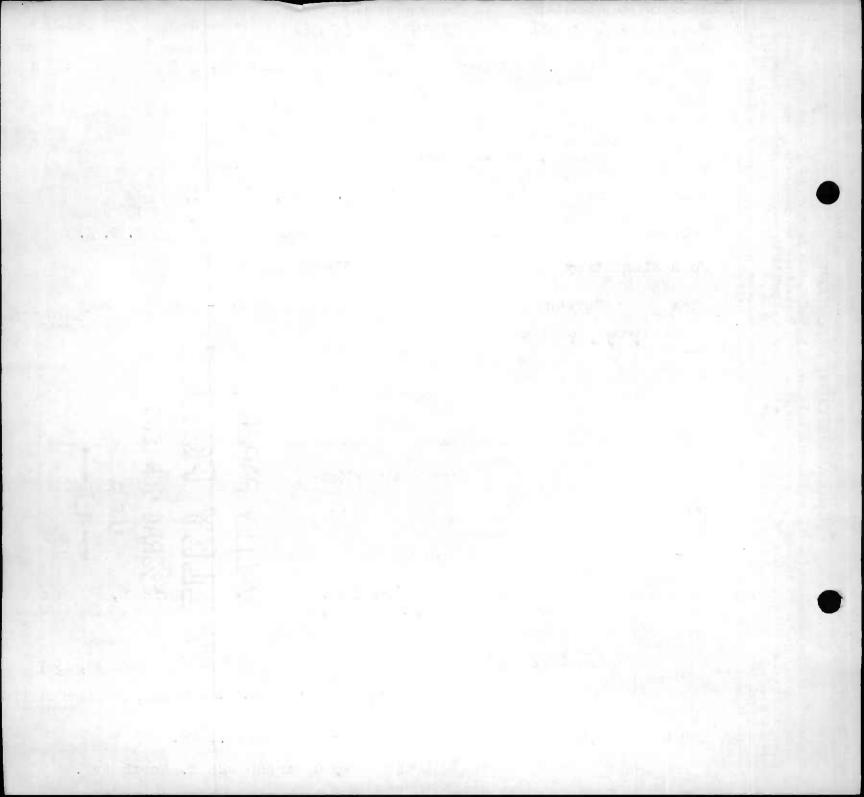
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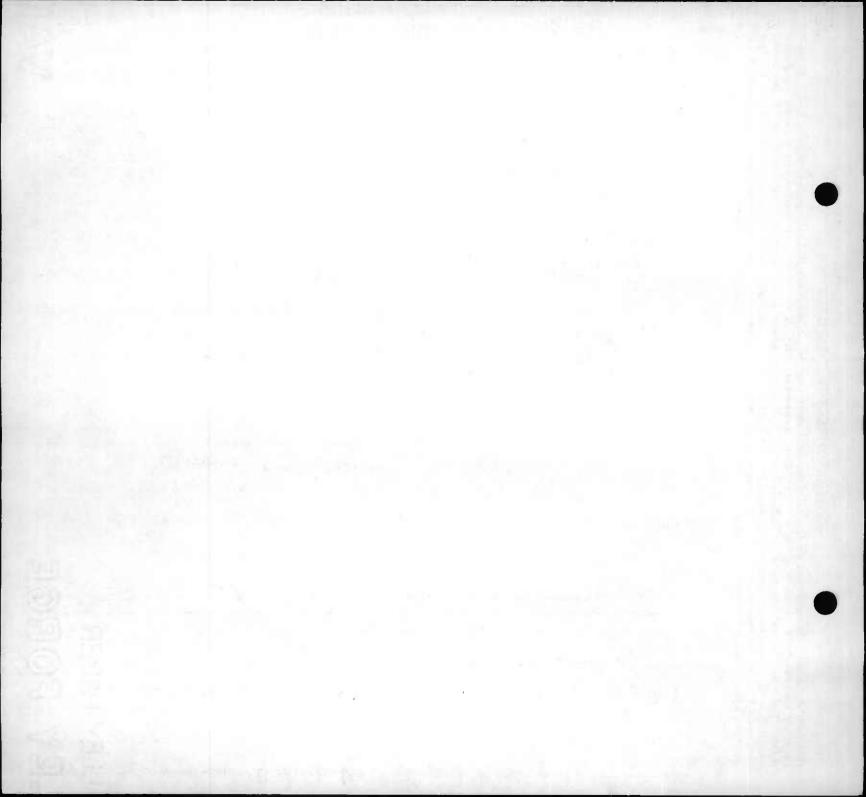
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		C) Have a second		ALTIMORE CITY	HEALTH DEPARTMENT		67 4181
	H NO.	67 418	1 (ERTIFICA	TE OF DEATH	Registered No.	57 4181
1. N	AME OF DEC	CEASED				AND HOUR OF DEATH	
		Calvin R.	Singletary			ril 26, 1967	8:30 рм.
3. 1	PLACE OF DE	ATH IN BALTIMORE, MA	YLAND		A. STATE B. COU	nere deceased lived. If i INTY	nstitution: residence befare admission)
	ULL NAME O	OF (If not in hospitate address or location	or institution, give stre	et	Maryland		
	NSTITUTION	Provident					RURAL ond give township)
	20		ion Street		Baltimor D. STREET ADDRESS	E If rural, give tocotion)	1700
	57		Maryland 2	1217		nt Street	
5. S	EX	6. RACE	7. MARRIED, NEVER WIDOWED, DIVO		B. DATE OF BIRTH	9. AGE (In years fost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
]	Male	Negro	Married	(Specify)	Sept. 20,1933	33	Total and a second seco
		UPATION (Give kind of work working life, even if retired)	10B. KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
10.1	Labore		Constant	. h am	Maryland		U. S. A.
	FATHER'S NA		Construct	MOIT.	14. MOTHER'S MAIDEN N.	AME	0. D. A.
	Tohn S	ingleten			Gladys Ho	mne	
15.	Wos Deceosed	ingletary Ever in U. S. Armed Ford	es? 16. SO	CIAL	17. INFORMANT	1.110	ADDRESS
(Yes	, no or unknow	(If yes, give wor or date		URITY NO.			
_	Yes	Korean			Geraldine Sing	letary-wife	same
	18.5 8	/. /		CAUSE O	F DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION DIR LEADING TO DEATH	ECTLY	A			
		nal meon the mode of		DUE TO	te anemia		
		asthenio, etc. It means mplication which coused					
		ANTECEDENT CAUSES		(B) Bleed	ding for esopha	geal varices	
1	DISEASES	OR CONDITIONS, if	ony, giving				
	rise to th	e above couse (A)		(C) Cirr	hosis of the li	ver	
	UNDERLIIN	G CONDITION lost.					
z	OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING				
ATION	TO THE D	CONDITION CAUSING I	TED TO THE	ronic ale	coholism		
	19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH	DPERATION	20 A. AUTOPSY? (Yes or I	No. 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC	0	WAS PERF	OKMED		no	IN CERTIFIENCE	TUSES OF DEATH?
Ü	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21 B. PLACE	OF INJURY (e.g., infoctory, street, or	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact location)
CAL	DEATH (notify	medical examiner	etc.)	,,,	•		
	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E INJURY	OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
8	(APPROX.)		While At	Not Whit	e		
	22. L certify	that (1) (this hospital			oril 26,	19 67 to AT	oril 26, 19 67.
		lost sow the deceose					inion death occurred on the date
							inion death occurred on the date
	23A. SIGNATI	/	ed obove. (I) (we)	aia) (aid not) V	riew the body ofter death	l e	23 B. DATE SIGNED
		Lizau	7200	M.D. Alle	ending Med.	Staff Phys.	
	23 C. PHYSICIA		270.	Phy	s. Director 23D. ADDRESS	Phys.	April 27, 1967
	NAME (Гуре)				March Dallac	M1 01 01 01 7
244	DUDIAL COS	Lizarazo	Jaco Nierie				more, Maryland 21217
24A	REMOVAL	Specify) 24B, DATE	24C. NAME of	CEMETERY of CRI	EMATORY 24D.	LOCATION	City, town, or county) (State)
-	Burial	5/2/67	Mt Aul		etery B	alto., Md.	
25 A	. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGIS		25C. FUNERAL DIRECTO	OR .	ADDRESS
		APP 28 1057 (009493	2. Very MA	Win C Marc	h 928 E.	North Ave.
VS	150-REV. 1/1/	65.	do sens				



CERTIFICATE OF DEATH Registered No. ADATE AND HOUR OF DEATH PLACE OF DEATH IN BARMORE MAREAND REAL CASE NO. BUT HOUSE AND HOUR OF DEATH PLACE OF DEATH IN BARMORE MAREAND REAL CASE OF CONTROL OF SHORT IN BARMORE MAREAND BUT HOUSE AND A COUNTY BUT HOUSE AND A COUNTY BUT HOUSE AND HOUSE A	03 4400	BALTIMORE CITY	HEALTH DEPARTMENT		67 4182
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FILE NAME OF MATERIAL PROPERTY OF THE PROPERTY	1. NAME OF DECEASED	1	2. DATE AND	HOUR OF DEATH	75-0
FULL NAME OF (If not in baspital or institution, give sweet address or location) NITITUTION GOVA CONNAESARIUM C.CITY OR TOWN III solitide city limpity, white SURAL and give township) BY THE CONNAESARIUM C.CITY OR TOWN III solitide city limpity, white SURAL and give township) BY THE CONNAESARIUM C.CITY OR TOWN III solitide city limpity, white SURAL and give township) BY THE CONNAESARIUM C.CITY OR TOWN III solitide city limpity, white SURAL and give township) BY THE CONNAESARIUM C.CITY OR TOWN III solitide city limpity, white SURAL and give township) THE CONNAESARIUM THE CONNAESARIUM STEELE ADDRESS (If muck by ye location) AUGUST ACCUMENT SOLITION OF SURINGS OF INDUSTRY III Limpity and the connaesarium of the surings of the su	NOSE	MEIE		27, 1967	, PT . N
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EX. S. BACE	INSTITUTION /		C. CITY OR TOWN (II outs	ide city limits, write RUR	AL and give township)
TO SEASE OR CONDITION DIRECTLY LEADING TO DEATH Solicity Control of Directly Cardaracts Carden or Continuous Carden or Carden or Continuous Carden or Carden	GOULD CONNALESARI	UM	D. STREET ADDRESS (If the	OA / / / M O / Y	E 13-0
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WHAT COUNTET? FATHER'S NAME			JULY 5, 1878	88	
14. MOTHERS NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 15. SOCIAL	IDA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	
14. MOTHERS NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 15. SOCIAL	HOUSEWIFE		NEW Y	ORK	U. S. A.
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WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?					DINGS CONSIDERED
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23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) LOUIS F. KLIMES A.D. 26 23 E. MONUMENIT ST. (Stote) 24C. NAME of CEMETERY of CREMATORY (Stote)		₩ -) (did) (did-110T) ∨	iew the body ofter deoth.	los	D DATE CICHED
23C. PHYSICIAN'S NAME (Type) LOUIS F. KLIMES A.D. 26 23 E. MONUME AIT S. A. BURIAL CREMATION, [248, DATE , [24C. NAME of CEMETERY of CREMATORY] [24D. LOCATION] (City, town, or county) (Stote)	Laren 7 16 Penne	A M.D. Atte	ending Med. S		O O O O O O O O
NAME (Type) LOUIS F. KLIMES M.D. 2623 E. MONUMENIT ST. A. BURIAL CREMATION, [248, DATE , [24C. NAME of CEMETERY of CREMATORY] [24D. LOCATION] (City, town, or county) (Stote)	226 PHYSICIANUS	Phy	s. Director P		your -8,196
IA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)	NAME (Type)			NONUMER	It ST.
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BURIAL 5/1/67 LORRAINE PK CEMETERY BOLTINGE MIL	BURIAL 5/1/67 LOR	RAINE PK	CEMETERY	Rolting	RE Mal
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	07/1/1/10	ADDRESS
1 EONARN J. Ruck INC. BATTO. Md. 21"	0 6	2 00 00	LEONARN J	Ruck I	Ne. BATTO. Md. 21"
5 150-REV. 1/1/65 APR 28 1957 P. J. E. J.	VS 150-REV. 1/1/65 APR 28 1967 (1)	E, JOHNE, PU	0 1 1 0		

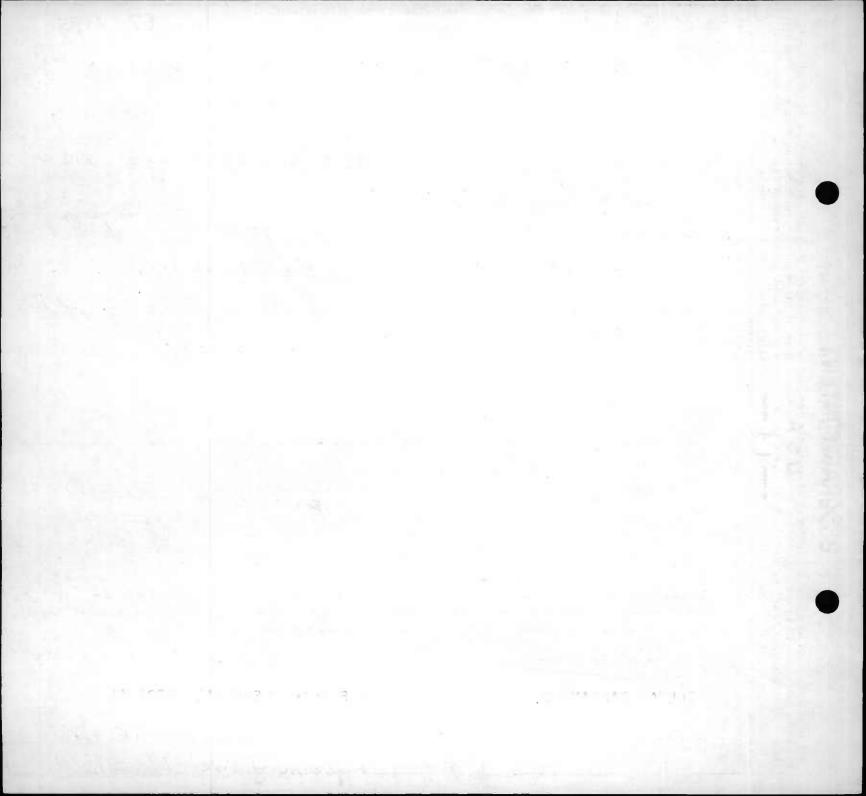


67 4183	BALTIMORE CITY	HEALTH DEPARTMENT		67 4400		
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	0/ 4100		
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) SEAN MANDE	PROUD		D HOUR OF DEATH	67 8:00 A.M		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspitol or institution, oddress or location)		4. USUAL RESIDENCE Wher A. STATE B. COUN MAKYLAN C. CITY OR TOWN (If out	e decoosed lived. If in TY VD	stimution: residence before admission		
Union Memorial	Hospita 6	BACTIMO	rural, give location)	13 8-01		
Conque Culture WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND (done during most of working life, even if retired) HOUSE WIFE		11. BERTHPLACE (Stole or forei	DANIA	12. CITIZEN OF WHAT COUNTRY?		
eorge Dexessed Ever in U. S. Armed Forces?	rious	14. MOTHER'S MAIDEN NA!	XXXXXXXXXX MO	aude Straw		
(Yes, no or unknawn) (If yes, give wor or dotes of service)		Mr. George P.	roud	(Same)		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g. heart failure, asthenia, etc. It means the diseas injury or complication which caused death.)	(A) DUE TO	LATERAL PO	EUMONIA M.	ONSET AND DEATH		
DISEASES OR CONDITIONS, if any, givin rise to the above couse (A) stating the UNDERLYING CONDITION last.	e (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 179. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED		20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED		
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in ome, form, factory, street, at te.)	n or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)		
S OF INJURY	Vhile At Not While At Work	21F. HOW DID INJ	URY OCCUR?			
22. I certify that (1) (his hospitor) attended the deceased fram April 20 1967 ta April 27 1967 that (1) (we) last saw the deceased alive an April 27 1967 and that in (my) four apinian death accurred an the date and how and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.						
BC. PHYSICIANS NAME (Type) James W. Car	1 Phy	Anding Med. Sirector Director Director ME	Stoff Phys. De morial,	4/27/67 Hospital		
Burial 5/1/67, Gar				e, Md. Address Balto. Md. 2121		
VS 150-REV. 1/1/65	6700	Leonard J. R	uck, Inc.	Balto. Md. 2121		

Cherry Marian Chargetin (2200 Various of Tour 37.410 340m34 EL WHO SHEW WILL NOUSELVIEL CONTRACT CONTRACT AND STREET LANGUAGE STATES Cherry Money 15

		BALTIMORE CIT	Y HEALTH DEPARTMENT		OM ANDE
	H NO. 67 4184	CERTIFICA	TE OF DEATH	Registered No.	67 4184
1. N	AME OF DECEASED	- / /		D HOUR OF DEATH	
	1011	Clark	4/2	, - ,	3:45 P
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. Il in TY	nstitution: residence before admission
F	FULL NAME OF (If not in hospital or institu	tion, give street	Md.		Bulbal I I I I I I I I I I I I I I I I I I I
	NSTITUTION		Bultimore		KUKAL and give townships
+	+ Union Memoria,	I Hosp.	D. STREET ADDRESS (If	rural, give lacation)	
			-		Poad
5. S		OWED, DIVORCED (specily)		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even it retired)	D OF BUSINESS OR INDUSTR	1 1	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Florist REtired		Maryland		America
	FATHER'S NAME		14. MOTHERS MAIDEN NA		D
	Agusta B. Clark		Elizabeth S	swelle of	Brown
15. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ck 44	ADDRESS OF ARABIC AVE
	16	213-48-3118]	NEPHEW 1	-31	Cotimens, NT
	18. 493 XI	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- 0	Posumoni	112 -	2 - 1000
	(This daes not mean the mode of dying,	2 0493			
	heart failure, asthenio, etc. It means the dis injury or complication which caused deoth.)				
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, g	iving			
	rise to the above couse (A) stating UNDERLYING CONDITION last.	1he (C)			
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB				
	DISEASE OR CONDITION CAUSING IT.		IZOA ALIFORNIA IV NI	1 20B 18 MEG 111EB	ENDINGS CONCEDED
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltimor	e City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
EDIC		21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
٤	OF INJURY (APPROX.)	While At Not Wh			
	22. I certify that (I) (this haspita) attend			196710	4/27 1067
	that (I) (we) last saw the deceased alive	-1/-			inion death occurred on the de
	ond have and from the couses stated about			or miximy/(daily op)	mon death accorded on the di
	23A. SIGNATURE	ve. (1) (11e) (010) (010 1101)	view like body offer dedili.		23B. DATE SIGNED
	Janes I Davi	M.D. AI	tending Med. pirector	Staff Phys	4/27/17
	28C.PHYSICIAN'S		23D. ADDRESS		1/0//0/
	JAMES W. CARTY MD	//) M.D	TUE THE ANGUE	7086 muses	- Offered
24	BURIAL CREMATION, 248, DATE 2	4C. NAME OF CEMETERY OF CI	EAA ATORY 24D 1	TOR A HOS	ity, tawn, ar county) (State)
	Burial 5/1/67.		emetery	Baltim	ore, Md. Balto. Md.21
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	APR 28 1967 (2.0)	BOD FORMS	Leonard J.	Ruck, Inc	. Balto. Md. 21
		A THE RESERVE OF THE PARTY OF T	01 000	-	

			BALTIMORE CITY	HEALTH DEPARTMENT		
		н но. 67 4185	CERTIFICA	TE OF DEATH	Registered Na.	17 4185
		. CASE NO. AME OF DECEASED			D HOUR OF DEATH	
	(T	D.2 - A	ETH CUY	AC L	1 26 19	17 5-20 D.
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	7 - 7	4. USUAL RESIDENCE (WHATE	e deceosed lived. If institu	tion: residence before admission)
	F	ULL NAME OF (If not in hospital or institute oddress or location)	ion, give street	MARY LAN	side city limits, write RUR	Al and give township)
	"	I UNION MEMORI	ial Hospital	BALTIM	ORE	27-03
	4	4 ONTOR MEMORY	711	D. STREET ADDRESS (IF	urol, give location)	15 01011
	5. S	EX 6. RACE 7. MARR	RIED, NEVER MARRIED		LKERT AL	
			WED, DIVORCED (specify)		ost birthdoy) M	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.
2		USUAL OCCUPATION (Give kind of work 10 B. KINE during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country) 1:	2. CITIZEN OF WHAT COUNTRY?
2		KOUSEWIFE FATHERS NAME		NEW YO	PIK	U.S.A.
3				14. MOTHER'S MAIDEN NAN	AE ,)
?		SAMUEL SPRING Nos Deceosed Ever in U. S. Armed Forces?	GER		BARA KI	ERKESZ
5	(Yes	no or unknown) (If yes, give wor or dotes of servi	ce) 16. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
	_	18.	196-18-1300	KODERT GU	VAS, 3723 1	EVERGREEN AVE.
5		DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH /		INTÉRVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH	(A) MYO	CARDIAL 1	VFARCTION	
5		(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which coused death.)	e.g., DUE TO			
		ANTECEDENT CAUSES	(8)			
		DISEASES OR CONDITIONS, if any, given				
2		rise to the obave cause (A) stoting UNDERLYING CONDITION lost.	the (C)			
5	z	II CONTRACTOR CONTRACTOR	ITING			
b	ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
			OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINE	DINGS CONSIDERED
0	CERTIFIC	21 A. ACCIDENT WAS UNDERLYING	218 BLACE OF MILLIBY	MAD NUMBER DID		
	AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF tNJURY (e.g., in home, form, foctory, street, offi etc.)	ce bldg., INJURY OCCUR?	tir in politimore Ci	ly, give exact location)
5	EDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	٤	(APPROX)	While At Work Not While			
2		22. I certify that (I) (this hospital) attende		1-25-67 1	9ta	4-26 19 57.
		that (1) (we) last saw the deceased alive		19 4.7 and the	ot in(my) (our) apinion	deoth occurred an the dote
2		and hour and from the couses stated above	e. (1) (We) (did) (did nat) vi	ew the bady after deoth.	look	3. DATE SIGNED
		21/2 2-5	M.D. Atten	Med.	Staff -	04-26-67
3		23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	Phy s.	
		ZOLTAN ZARDAY MD.	M.D.	THE UNION ME	MORIAL HOSP	ITAL
3	24A	BURIAL CREMATION, 248. DATE 240	C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City, 1	own, or county) (State)
>	051	BURIA 4/29/67.1/1	MOREIAND MEI	n. CEM.	BALTIMO	RE, Md.
	25A	DATE REC'D BY HEALTH DEPT. 25B, NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	PRUAL T	BAHD MININ
- 1		- 40 10 40 17		A LUIVAKAY CY	1010011,	C. W/1/1/).//\\\.



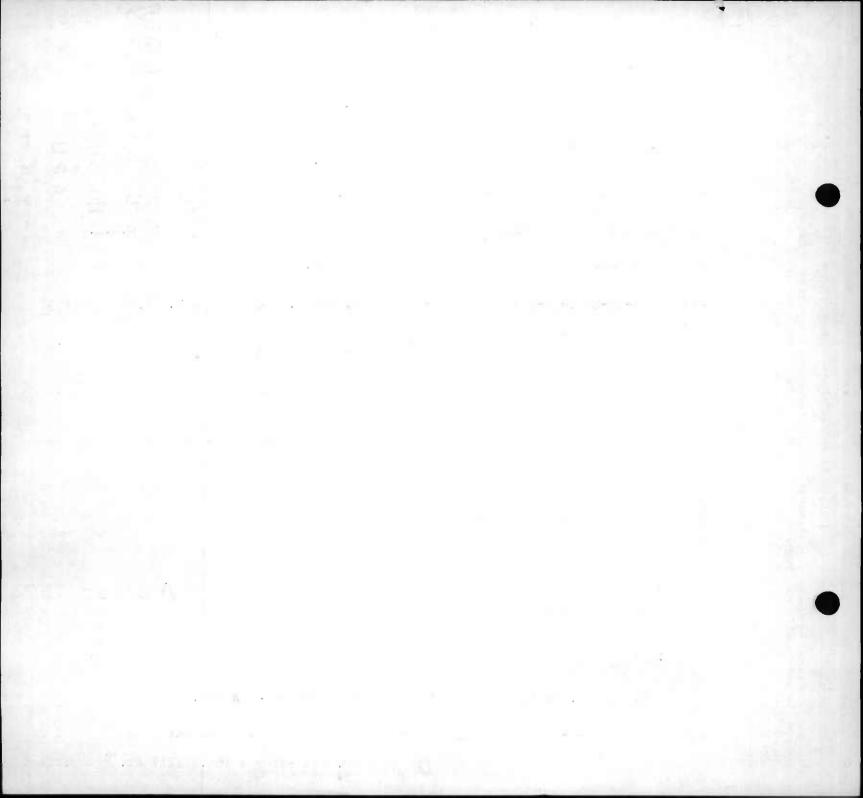
		BALTIMORE CITY	HEALTH DEPARTMENT		CH		
BIRTH NO. 67 418	36	CERTIFICA	TE OF DEATH	Registered No.	0/ 4186		
1. NAME OF DECEASED (Type or Print)	Ina M S	tevenson	2. DATE AN	26, 1967	. 11 Pm		
3. PLACE OF DEATH IN BALTIMOR	7 1 7	700700070		deceased lived. If in	stitution: residence before odmission)		
FULL NAME OF (If not in ho	ospitol or institution, g	Tive street	Md.				
HOSPITAL OR oddress or INSTITUTION	locotion)	give sileer			RURAL ond give township)		
1/02 N	11 . 1 0	1		altimore	21218		
00 1002 Non	thwick Ro	oad	D. STREET ADDRESS (IF red)	2 Northwi	ck Road		
5. SEX 6. RACE		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
Female White	Marr	ued	teb. 10,1906	61			
IGA, USUAL OCCUPATION (Give kind done during most of working life, even if r		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT, CQUNTRY?		
Housewite			Maryland		USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM				
Harr	y Schulth	reis		Addie Bo	rcher		
15. Was Deceased Ever in U. S. Arm (Yes, no or unknown) (If yes, give wor	or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS		
No		Jecomin No.	Mr QK Stay	enson	(Sama)		
18. 420		CAUSE O	DEATH	ewon	INTERVAL BETWEEN		
DISEASE OR CONDITIO	N DIRECTLY	E	rente		ONSET AND DEATH		
LEADING TO D		(A) CC	nonary Oce	lusions	1 day		
(This daes not meen the ma		DUE TO de	nteriordero	Tio			
injury ar camplication which o	caused deoth.)	Bund	in - was called	Auren	5 yrars.		
ANTECEDENT CA	AUSES	DUE TO			····		
DISEASES OR CONDITIONS rise la lhe obave cause							
UNDERLYING CONDITION In		(C)					
OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTION	3					
TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO THE						
19A. DATE OF OPERATION 19E	CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. FF YES, WERE	FINDINGS CONSIDERED		
	AS PERFORMED		200	IN CERTIFYING CA	USES OF DEATH?		
OR CONTRIBUTING CAUSE COLEATH (notify medical examiner)	OF 21 B, hom etc.)	e, form, foctory, street, of	or obout 21 C. WHERE DID ince bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)		
O 21 D. TIME (Month) (Doy)	(Yeor) (Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?			
OF INJURY (APPROX.)	Whi	ile At Not While					
22 1 .:(.1 . (!) (:)		- A	244 /7/3 (5		1 3 / / 7		
22. I certify that (I) (this ha		21:10 - []	2 000	/	rale VC 1967		
that (I) (wa) last sow the de		/	/	tin(my) (our) api	nion deoth occurred an the dote		
and hour ond fram the couse	s stated above. (1) (We) (did) (d id_nut) v	iew the body after death.				
23A. SIGNATURE)		/	P. 11	238, DATE SIGNED		
trong of	Group Gauseper M.D. Attending Med. Stoff Phys. Director Phys.						
23C. PHYSICIAN'S NAME (Type)			3D. ADDRESS		Ballo 14		
GEORGE S	AWYER	M.D.	4808 44	rpord &	d. red		
24A. BURIAL CREMATION, 24B. DA	ATE 24C. N.A	AME of CEMETERY OF CRE		CATION (C)	ty, town, or county) (Stote)		
Burial 5/	1/67. Mo	reland Memo	rial (em.	Baltimor	e, Md.		
25A. DATE REC'D BY HEALTH DEPT			25C. FUNERAL DIRECTOR		ADDRESS		
NDD 9 8 10	87 1 0 Pm	E Farkway	Leonard J.	Ruck, Inc	e, Md. c.Balto. Md.2121		
VS 150-REV. 1/1/65			9 4 1 9 4				

The second of th La Carlo Land State ς , Andrew Committee and the second the continue of the continue o . De la company de la company

	67 /187	BALTIMORE CITY	HEALTH DEPARTMENT		CM ALON
	TH NO. 0/ 410/	CERTIFICA	TE OF DEATH	Registered Na.	6/ 418/
1.1	E CASE NO. IAME OF DECEASED pe or Print) O 1110 r (6 11)	/	2. DATE ANI	D HOUR OF DEATH	7 905
	PLACE OF DEATH IN BALTIMORE, MARYLAND	2 Jahren + lle			nstitution: residence before admission
	BOITON HILL NUTSING Y (FULL NAME OF ((f not in hospital or institue) NOTITUTION Oddress or (ocotion)	tion, give street		and side city limits, write	RURAL and give township)
(90		D. STREET ADDRESS (III	nore	4-02
	/ Y		514 Fairn		
5. 5	M W WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	NOV. 7, 1870	ost birthdoy)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KIN e during most of working life, even if retired)		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME	D MILL	14. MOTHER'S MAIDEN NAM	A E	UDA
	UNKNOWN		UNKNOU	UN .	
(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war ar dates of serv NO	1 6. SOCIAL SECURITY NO. 219-13-1149	Pahort Smith	An	3 Charlette Pt
	18.204.01	CAUSE O	FDEATH	, , , ,	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CHRO	HIE LYMPHOCY	TIC LEG	UKEMIA
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death,)				
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, g	iving			
	UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBITED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
CERTIFIC/		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
₩ ¥	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
_	(APPROX)	While At Not While At Work	1 / /		11-1
	22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive	1/2-/		9ta	12 = 16mg 19
	and have and frank the causes state above	'/ /- '		ir in(my) (dor) api	inian death occurred an the d
	23A. SIGNATURE	M.D. Atte	nding Med.	Stoff	23B. DATE SIGNED
'	23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	Phys.	1/20/07
0.4	HOLAIS OFE	NALIDE M.D.	5519 KENN	1.50 N	HYENNE
P 241	REMOVAL (Specify) Abl 11 1017			11 - 11	4 10 /
254	A. DATE REC'D BY HEALTH DEPT. 25B. NA		25C FUNERAL PRECTOR	1	ADDRESS
	APR 28 1967 R.	Don to El Stableutha	NI WAN MUR	or Jong	10USon NUM
24A E	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) A. BURIAL CREMATION, 24B. DATE 24 A. BURIAL CREMATION, 124B. DATE 24 A. BURIAL CREMATI	Black Rock Cen	MATORY 24D. LC	Phys. L	H/23/67 AVENUE ity, town, or county) Co., Md. ADDRESS TOURAN

574 Farmont Pole Poter t-Smith Permission Carme Lyngmocorne LEGRENIA GERRALIE THE HERMEN MENNER

		BALTIMORE CITY	HEALTH DEPARTMENT		67 4188
BIRTH NO. 67	4188	CERTIFICA	TE OF DEATH	Registered Na	67 4188
I. NAME OF DECEASED			2. DATE A	ND HOUR OF DEATH	
(Type or Print) J. ALLE	MOOD N		Apri	1 27, 1967	AA
3. PLACE OF DEATH IN BALTIM	ORE, MARYLAND			ere deceased lived. If in:	stitution: residence before admission)
	hospital or instituti or location)	an, give street		utside city limits, wite R	DRAL and nive town hip
829 N. Howard	Street			rural, give location)	
5. SEX 6. RACE	7 44 4 9 9	TED, NEVER MARRIED	829 N. Howard		Treat and the second
Male White	Mar	wed, DIVORCED (specify)	Sept. 5, 1905	9. AGE (In years lost birthday) 61	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
toa. USUAL OCCUPATION (Give ki		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	aign country)	12. CITIZEN OF WHAT COUNTRY?
Tool Engineer		tin Company	Doltimone		
13. FATHERS NAME	Plat	tin Company	Baltimore 14. MOTHERS MAIDEN NA	AAF	U.S.A.
			14. MOTHER'S MAIDEN NA	,ME	
John Allen Wood			Mary E. Buse	ck	
15. Was Deceased Ever in U. S. A (Yes, na arunknown) (II yes, give w	rmed Forces? or or dates of servi	SECURITY NO.	17. INFORMANT		ADDRESS
	to 4-22-2		Mrs. Eva D. Woo	dd 2024 E.	Lanvale Street
18. 420./1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDIT					
LEADING TO		(A) /dey	1emiocan	bul infusu	Bon Iday
(This does not mean the a	mode of dying,	e.g., DUE TO	7		
injury or camplication which		n d a	tempocare	/	Const
ANTECEDENT	CAUSES	(B) / 01/ 1 - 1	(10 CA /A/O) . C	(GVC1:D	32000
DISEASES OR CONDITION	NS, if ony, giv	ring	Vas (ulaw	disease	2
rise to the obave cau UNDERLYING CONDITION	se (A) slaling	the (C)	**************************************		
11			· · · · · · · · · · · · · · · · · · ·		
O THER SIGNIFICANT CONDI	OT RELATED TO	TING THE			
		OR WHICH OPERATION	20A. AUTOPSY? (Yes ar N		INDINGS CONSIDERED
19A. DATE OF OPERATION 1	WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?
OR CONTRIBUTING CAUSE	OF _	21B. PLACE OF INJURY (e.g., in hame, larm, factory, street, of etc.)		(If in Baltimare	City, give exact lacation)
21D. TIME (Month) (Doy)	(Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY (APPROX.)		While At Not While Work Not Work			
22. I certify that (I) (this	hospital) attende	d the deceased fram	Jane	1966 to	Jan 27 1967.
that (I) (we) last saw the		A 700			nion death accurred an the date
and haur and from the cau	ses stated abov	r (H) (We) (did) (didmor) v	iew the bady after death.		
23A. SIGNATURE	,/			-	23 B. DATE SIGNED
Her	1	M.D. Atte	ending Med.	Stoll	4/2 2/12
23 C. PHYSICIAN'S	210		23D. ADDRESS	Phy s.	110015
NAME (Type)	T 70 1 1			1.1.1	
Seymour I		M.D.	5415 Park Heig		
24A. BURIAL CREMATION, 24B. REMOVAL (Specily)	DAIE 240	NAME of CEMETERY of CRE	MATORY 24D. L	OCATION (City	y, town, or county) (State)
Burial 5	-1-67	Baltimore Ceme	tery Ba	ltimore, Mary	yland
25A. DATE REC'D BY HEALTH DE		NE OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	MAL TOO	607. Tolluma	Wm, Cook-Bros	oks Inc. 121	17 St. Paul Street

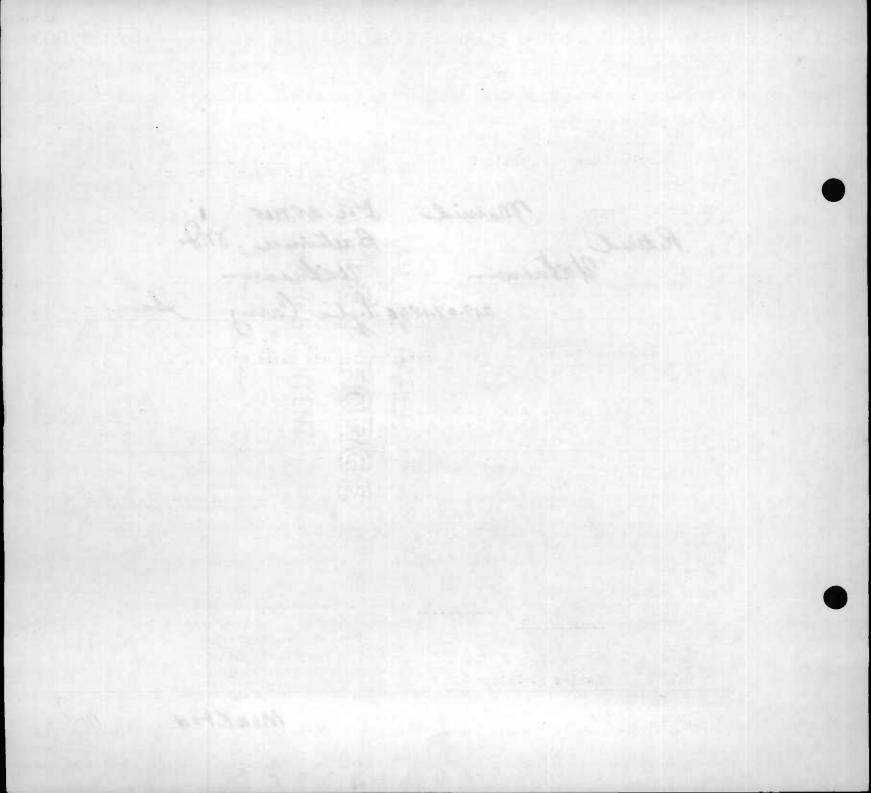


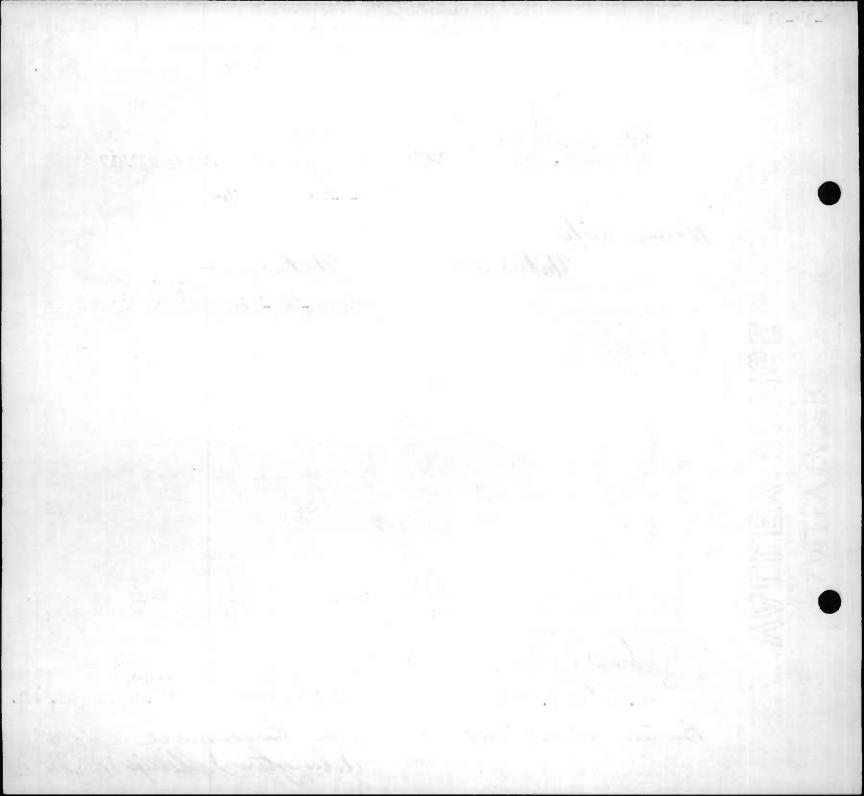
67 A180 BALTIMORE	CITY HEALTH DEPARTMENT	67 4189
M.E. CASE NO.	CATE OF DEATH Registered No.	25.00
1. NAME OF DECEASED (Type of Print) Chofield William A	Hull Amil of Death	67 //20
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before admission)
FULL NAME OF (If not in haspital ar institution, give street		roll
HOSPITAL OR oddress at lacotion) INSTITUTION	C. CITY OR TOWN (If autside city limits, write	RURAL and give township)
Union Memorial Hospital	D. STREET ADDRESS (If yord, give lacation)	ount 36-00
44	Route 1. Box 2. G	appen manipus T.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
Male with widowed, DIVORCED (specify)	02-23-00 last birthday	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS		12. CITIZEN OF WHAT COUNTRY?
Stationary Engineer Dept. Store	Maryland	U.S.A.
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
Tillman . Schafeeld	EMMA SHEHAN	
15. Was Deceased Ever in U. S. Armed Fards? (Yes, na or unknown)(If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
No213-26-0908	Mrs EDNA . E Same	s # Four
18. / 5 - 44 X CAUS	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	T . 0 .	ONSET AND DEATH
LEADING TO DEATH	Terminal Ca.	
(This does not mean the made of dying, e.g., DUE TO heart foilure, astherio, etc. It means the disease,		
injuly of complication which caused death.)	Recurrent adenocarcin	oma
ANTECEDENT CAUSES (B) DUE TO		***************************************
DISEASES OR CONDITIONS, if any, giving nise to the obove couse (A) stating the (C)	1) vectam.	
UNDERLYING CONDITION last,		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes at Na)] 20B. IF YES, WERE	FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF hame, farm, factory, stree	g., in ar about 21C. WHERE DID (If in Boltimar t, affice bldg., INJURY OCCUR?	e City, give exoct lacation)
21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX) While At Not	While	
Wark L At W	A	- 11 . 1 . 10
22. I certify that (I) (this hospital) attended the deceased from		br. 1 26 19 6
that (I) (we) last saw the deceased alive on		inion death occurred on the dat
ond haur and from the couses stated obave. (I) (did) (did na 23A, SIGNATURE	t) view the body ofter death.	Jose Barr didura
M.D.	Attending Med. Stoff	238. DATE SIGNED
23C. PHYSTCIAN'S	Phys. Director Phys.	Brix 26. 6
NAME (Type)	23D. ADDRESS THE UNION MEMORIAL HOS	SPITAL
0111 130114/00		
REMOVAL (Specify)		ity, tawn, or caunty) (Stote)
Burial 4-29-1967 Dulaney Valley		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Wm. Cook-Brooks Towson,	1050 York Road Lowson 4, Maryland
APR ZO 1961 11 JOSE , TOWERS	04 9 7	Lowson 4, Maryland
VS 150-REV. 1/1/65		

Schofiska William Hill April met hangland. Union Mamond Hospital Beach mucros Rowle I Box 2 Green mount Make white manual C3-00-EC-LO Manyland T. Deman Schafield EMMA SHEHAN Mrs EDNA . E Schof. old Termond Ca. Removed administration. 1 restor 11. 1. de 1 mals March of a TE . F LAT

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH 6.7 4190 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered N.67 4190
M.E. CASE NO. I. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)	RRY April 26, 1967 3:00 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RERAL and give township) Baltimore
Maryland General Hospital	D. STREET ADDRESS (If rurol, give locotion) 330 E. Federal Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
Male Negro Marriel	Dec. 25 1915 51
10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR' done during man of working life, eyen if retired)	Y IT. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired	Baltimare, 8No.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	yntheur
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SO CIAL SECURITY NO.	17. INFORMANT ADDRESS
219-07-1840	Lydia Curry Same
TB. 4 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not meon the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	iosclerotic Heart Disease.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OF THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT	21F. HOW DID INJURY OCCUR?
22.	
	tapsy and that an this basis, death in my apinian Homlcide Undetermined manner
resulted from: Notural couses X Accident Suicid	CHIEF MEDICAL EXAMINER
ACTUAL ()	ASSISTANT MEDICAL EXAMINER X
SIGNATURE (Aut.) M.D EXAMINER'S NAME (Type) Charles S. Petty	ASSOCIATE MEDICAL EXAMINER 4/27/67
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY C	OF CREMATORY 23D. LOCATION (City, town, or county) (Stotel
BURIAL 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	Apeh MONKTON ADDRESS
ADD 00 4007 (A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PALITY SPAN 1222 M MANGE CT
VS 151-REV. 1/1/65	higher or with 1191 11 11 100106 21"





Jan.			BALTIMORE CITY	HEALTH D	EPARTMENT		67	4192
IRTH NO.	67 4192	2	CERTIFICA	TE OF	DEATH	Registered I	Na	ALOC
NAME OF DEC	Maries Welle	micros (NANDIE WILL	LIAMS)	4/2	167		2:45 AM
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL A. STATE	B. COU	ere deceased lived. NTY	If institution:	residence before admission)
FULL NAME O	OF (If not in hospital oddress or location		n, give street	C. CITY O	aryland	utside city limits, w	wite RIMAL hr	nd dive township)
INSTITUTION	3				altimor	·	1	0
	7 607			D. STREET		f rurol, give location		,
The	Johns Hopki		Spital ED, NEVER MARRIED	B. DATE OF		h Monroe		
Female	Negro	Wido	VED, DIVORCED (specify)	10/2		lost birthday)	Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of work working life, even if retired)		OF BUSINESS OR INDUSTRY				12. CIT	TIZEN OF
Hou	sewife	H	lome		nsboro,			U.S.A.
3. FATHER'S NA	ME			14. MOTHE	R'S MAIDEN NA	AME		
	obert Foste		1 6. SOCIAL	17. INFORM	Laura	Evry		ADDRESS
Yes, no or unknow	(If yes, give wor or dote	s of service	SECURITY NO.					ADDRESS
1B.// 2 (CAUSE O	Mrs.	Martha	Starks	217	N. Monroe St
DISEASES rise to th UNDERLYIN OTHER SIGN TO THE D DISEASE OR	nat meen the mode of osthenio, etc. It meens mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION LOST. ILLIFICANT CONDITIONS COPEATH BUT NOT RELATED CONDITION CAUSING FOREATION 1985. CON WAS PERI	the disease death.) any, giving the state of the state o	(B)	cuis cuis ortic c	Lasurys pro	Io) 20B. IF YES, W	ERE FINDING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	١ ا	RIB. PLACE OF INJURY (e.g., inome, form, foctory, street, o	n or obout 21 iffice bldg., IN	Yes C. WHERE DID IJURY OCCUR?	NO (If in Bolt	limore City, gi	ve exact location)
DEATH (notify	y medical examiner) (Month) Doy) Year)	(Hour)	RTE INJURY OCCURRED While At Work Work At Work	le	F. HOW DID IN	JURY OCCUR?		
22. I certify	that (I) (this haspital) attende	the deceased fram	4/13		19 67 to	9/27	19.6.7
_	th J. Buy		. (I) (We) (did (did not)	ending	Med.	-		ATE SIGNED
Bure	(Specify) D BY HEALTH DIPT.	167 C	NAME OF CEMETERY OF CR COMM Mcmey E OF REGISTRAR	EMATORY 25C. FU	NERAL DIRECTO	Balti	(City, town,	ADDRESS (Stote)
4/17 15 1/0-REV. 1/1	1967 1967 I	1. 3e	ES Fallys	mai	Ton + Day	ett 170	1-ha	mens St

Tree comments and the second of the second o

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

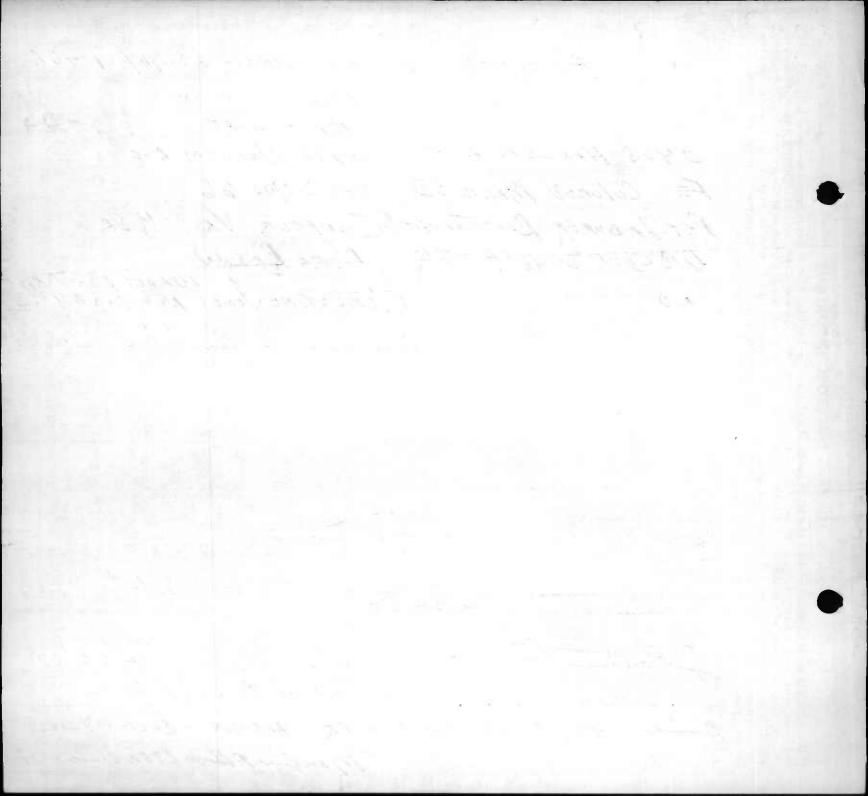
		BALTIMORE CITY HEALTH DEPARTMENT
67	41.93	CERTIFICATE OF DEATH

Registered	Na	67	4193	
3				

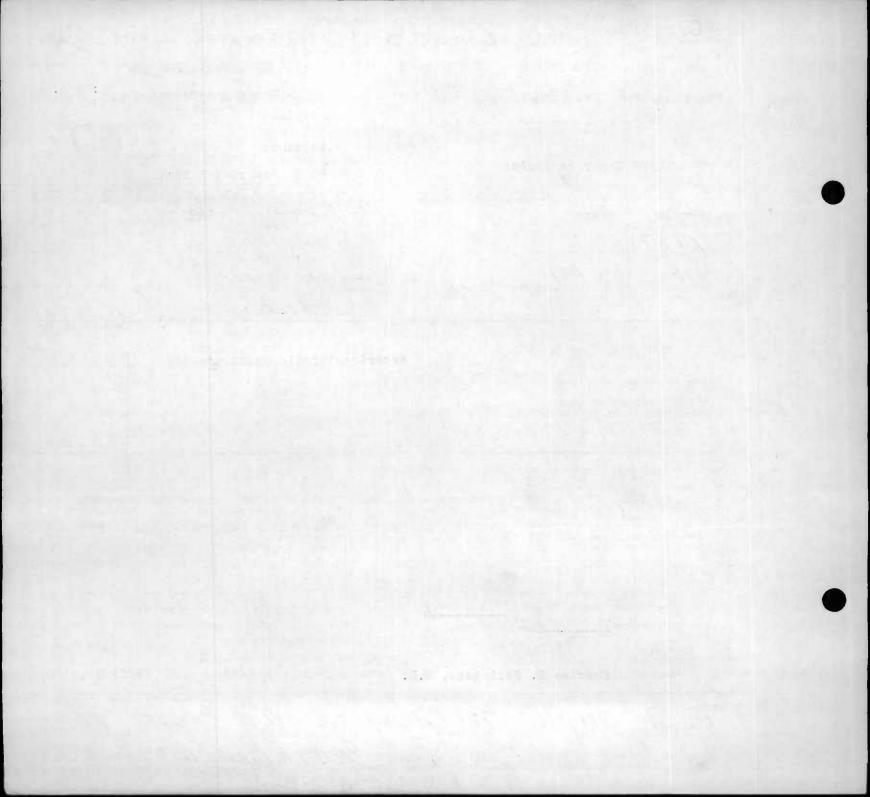
BIRTH NO. 67 41.93	CERTIFICA	TE OF DEATH	Registered Na	67 4193			
M.E. CASE NO. 1. NAME OF DECEASED		D HOUR OF DEATH					
(Type or Print)	abd34 T	1. /	27/67	1 7.25 A			
BROWN Vander 3. PLACE OF DEATH IN BALTIMORE, MARYL	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY						
FULL NAME OF (If not in hospital or in	FULL NAME OF (If not in hospital or institution, give street			Maryland			
HOSPITAL OR oddress or location)	**	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
Veterans Administration	Baltimore						
3900 Loch Raven Bouleva	D. STREET ADDRESS (If rurol, give locotion)						
Baltimore, Maryland		1309 E Federal Street					
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married		9. AGÉ (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 108	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of forei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if refired) Laborer	Construction	Succey Wir	oinia	U.S.A.			
13. FATHER'S NAME	Construction	Sussex, Vir	WE ETITE	U B A R B			
Edward Brown		Nannie Harr					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Itt yes, give war ar dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
Yes 11/17/42 - 10,	8 4	VA Hospital Re	cords Baltin				
18. 162.11	Bronche	genic Carcinoma	,right uppe:	NTERVAL BETWEEN			
DISEASE OR CONDITION DIRECT		ith metstatis to					
(This does not mean the made of dy	(A)						
heart failure, asthenia, etc. It means the	disease,						
	njury ar complication which coused death.)						
ANTECEDENT CAUSES	ANTECEDENT CAUSES (B) DUE TO						
UNDERLYING CONDITION lost.							
ll ll							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
19A. DATE OF OPERATION 198, CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? IYes or No	208. IF YES, WERE I	FINDINGS CONSIDERED			
198. CONDITION 198. CONDITION WAS PERFORI	VIED	Yes	Yes	Jaca Of Death			
OR CONTRIBUTING CAUSE OF DEATH Inclify medical examines	OR CONTRIBUTING CAUSE OF home, form, foctory, street, offi		(If in Boltimore	City, give exact location)			
Q 21 D. TIME Month) (Dov) (Year) (H	four) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
OF INJURY	While At Not Whil						
	Work At Work		- 67 A	27 07+6 67			
22. I certify that (I) (this haspital) at	tended the deceased from	arch 9th	19 <u>O.Lto A.D.C.</u>	11 27th 1967,			
that (1) (we) last sow the deceased a			at in(my) (our) opii	nion death accurred on the date			
ond haur ond fram the couses stated	above. (K) (We) (did) (did hot) v	view the body after death.					
23A. SIGNATURE	h .			23B, DATE SIGNED			
22C BHYSICIANS	Phy		Stoff Phys.	April 27, 1967			
23C.PHYSICIAN'S NAME (Type)	M.D.	-	ital 3900 Le re, Marylane	och Raven Blvd.			
N.R.EL_Bayad	d 21218						
24A. BURIAL CREMATION, 24B. DATE REMOVAL Specify)	24C. NAME of CEMETERY OF CRI	EMATORY 24D. L	OCATION (Ci	town, or county) (Stote)			
Burial 4/28/6	7 Balto, na	Til 1	Saltin	we gud			

ENERGY TO A TOTAL TOTAL TOTAL Le rela B Art och State Trian Business Comments Bund Harpy Harris Come Michigan Mill

	BALTIMORE CITY HE	EALTH DEPARTMENT		67 095			
BIRTH NO. 67. 4195	CERTIFICATI	E OF DEATH	Registered No	6/ 4150			
(Type or Print)	E LOG		HOUR OF DEATH	967 1 40 A M			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4.	STATE B. COUNT	deceased lived. If ins	nitution: residence before admission)			
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location) INSTITUTION	ve street	//		JRAL on give township)			
2408 HARLEM	AUE	. STREET ADDRESS (If so	ORE rol, give location) RLEM H				
5. SEX 6. RACE 7. MARRIED, N	NEVER MARRIED 8.	DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF 1 done of Ang most of working life, even if retired)	BUSINESS OR INDUSTRY 11.	BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?			
3. FATHERS NAME	PRANSIT LO	MOTHER'S MAIDEN NAM	V R	9.22			
WELDON WHITA.	KER		own				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	INFORMANT	LONES NO	w 9 wh N. 4. 2. C			
18. 15 7 % 1	CAUSE OF D	DEATH	2	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	IA CARE	iNOMA OF	PAN CLEH	5 6 HONTEN ()			
heart failure, asthenia, etc. II means the diseose, injury or complication which coused death.)	502.10						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	DUE TO		***************************************				
rise to the above cause (A) sloting the UNDERLYING CONDITION last.	(C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING 218. F OR CONTRIBUTING CAUSE OF home, DEATH (notify medicol exominer) etc.	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF Control of the control of						
21D. TIME (Month) (Doy) (Year) (Hour) 21E, I							
VYORK	22. I certify that (I) (this hospital) attended the deceased from // 3 19 6 10 6 7 7 19 6 /						
that (1) (we) last saw the deceased alive an 2 1 2 1 and that in (my) (our) opinion death accurred an the date							
and haur and from the causes stated abave. (1)	/		A #	23B. DATE SIGNED			
BC. PHYSICIANS	M.D. Attendi Phys.	Med. Director P	hys.	4/28/67.			
J. Presto n Grant. M.	D	601 N.C	akkoll	ton.			
Brance (Specify) 4/30/67 A2	BUTUS MEM			n, town, or county) (State) A L TO M) 2/228			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	registrar fallement	TOCC FUNITRAL DIRECTOR		38 N G. Lma St			



	EALTH DEPARTMENT				
BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.67 4196				
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD				
LUCILLE TOPPS	April 28, 1967 10:36 A. M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	I.A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give town hip)				
INSTITUTION	Baltimore / h 0				
2000 Company Charlet	D. STREET ADDRESS (If rurol, give location)				
O O 909 Somerset Street	90 9 Somerset Street				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs lost birthday) Months, Days Hours Min.				
Female Negro Llevous	Nov 4, 1904 62				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU!	STRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired)	New York News Va.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
John Gocklift	anna Taylor				
15. WAS DECEASED EVER'IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS				
	John Halking 2/1/ Sinclair fun				
IB. CAI	USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH	Arteriosclerotic heart disease				
(This does not meon the mode of dying, e.g., heat foilure, asthenia, etc. It means the disease, injury or complication which coused death.)					
ANTECEDENT · CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO					
RISE TO THE ABOVE CAUSE (AI STATING THE UNDERLYING CONDITION LAST.					
(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?				
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e	.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location) b, office bidg., INJURY OCCUR?				
UNDERLYING OR CONTRIB-	is, omce sagg., INJURY OCCUR?				
Z 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.) WHILE AT N	OT WHILE T				
22.					
	Autopsy ond that an this bosis, death in my opinion				
resulted from: Notural causes X Accident Sui	cide Homicide Undetermined monner				
ACTUAL (1)	CHIEF MEDICAL EXAMINER DATE SIGNED				
SIGNATURE COMPANY OF THE A	A.D. ASSISTANT MEDICAL EXAMINER X				
EXAMINER'S Charles S. Springate, M.D.	• ASSOCIATE MEDICAL EXAMINER April 28, 1967				
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETE	RY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)				
REMOVAL (Specify) May 2/67 ml Pale	akes Cem On Carity med				
24A. DATE REC'D BY HEALTH DEPT 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
MAY 1 1967 12 0 0 8 3 Fr. O.	3 Stab T. Elikson 112 971. Caulas St				
VS 151-REV. 1/1/65	001001				
17010	Charles Control of the Control of th				



1 G-450	BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4:	19"		
	1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD			
	EUGENE Jurge GLENN April 26, 1967 11:15 F	,		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admit	M. issionl		
	A. STATE Maryland B. COUNTY	1VA		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION (II outside corporate limits, write RURAL and give township) C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)	-		
	Baltimore 53-0	15		
	1628 Harford Avenue D. STREET ADDRESS (If rurol, give locotion)			
	5904 Leewood Avenue	5904 Leewood Avenue		
•	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthdoy) Months Doys Hours Male Negro 7. MARRIED WIDOWED, DIVORCED (specify) 4/5/9/1	4 Hrs. Min.		
	10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
	ROBT. 9/ENN LOBE //A BEASIEY			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT SECURITY NO.			
	VES WW # 2 ANGIE MILIAM GLERN LEEWOOD	4~1		
1	18. 4 2 0 , 0 INTERVAL BETWOONSET AND D			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (A) Arterioscleratic Heart Disease. DUE TO (B) DUE TO			
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
	Į į			
	OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, foctory, street, office bldg., INJURY OCCUR? etc.			
	21D TIME (Month) (Doy) (Yeorl (Hourl OF INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE			
	22. Certify that I held on Inquiry Inspection Alt WORK Ond that on this basis, death in my opinion			
	resulted from: Notural couses X Accident Suicide Homicide Undetermined monner			
	CHIEF MEDICAL EXAMINER			
	SIGNATURE Charles Felly M.D. ASSISTANT MEDICAL EXAMINER X	EU		
	EXAMINER'S NAME (Type) Charles S. Petty ASSOCIATE MEDICAL EXAMINER 4/27/67			
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME OI CEMETERY OF CREMATORY 23D. LOCATION (City, town, of county) (Sto	te)		
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24G, FUNERAL DIRECTOR ADDRESS			
PERMAN	MAY 1 1967 Robert E. Farberns miller E. Elichan			
	VS 151-REV. 1/1/65			

4/5/1911 436 married LAURENS, S.C. Crain operation STEEL NobT. GIERN Lowella Brasley Angie Mirmin Phan Leene Lee V 1 BUNGL 5/2/67 BALTING MATE 550 FERTH WE

Was

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV, 1/4.668

of death Deceased the

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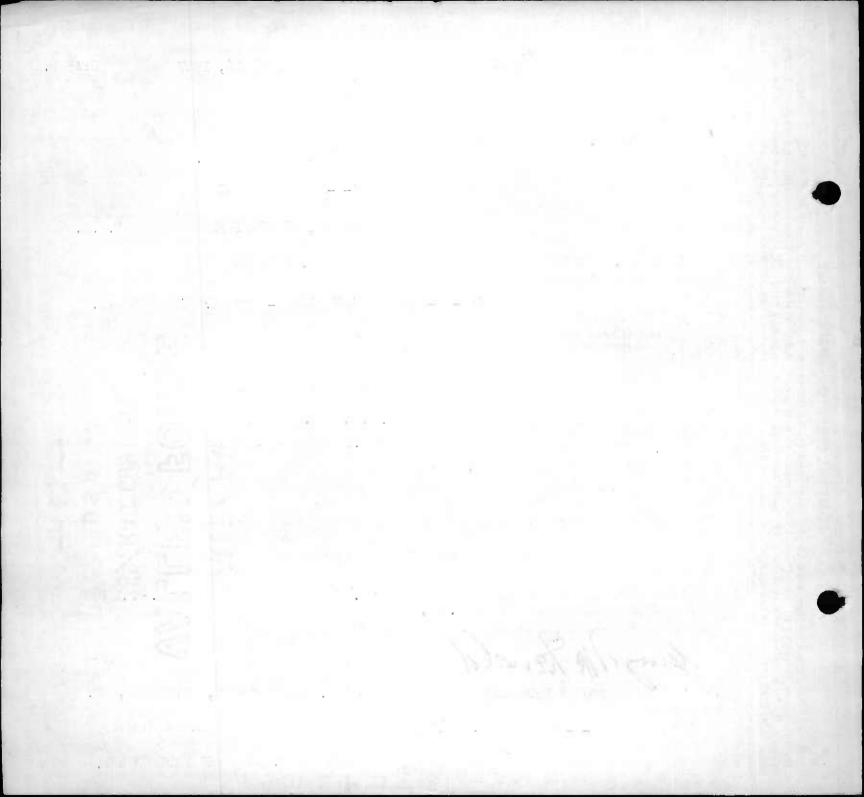
attendance

death.

0

and

ADDRESS 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR CHARLES R. LAW 802 MADISON AVE.



IMPORTANT **DIRECTOR:** FUNERAL

examiner

medical

the

be approved

to the hospital

the body

and

hospital

contributing

0

eath

april 28 /2:55/14 Charles Co Johnson HCUP & Refit & day 85/4 Dowids Felton , ----

ST.

258. NAME OF REGISTRAR

AGNES

BALTIMORE CITY HEALTH DEPARTMENT

RTIFICATE OF DEATH

2

9. AGE (In years

lost birthdoy)

Registered Na. 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) Mr. ST. AGNES CONVENT If Under 1 Yr. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH

THOMAS RSM MERCY HOSPITAL 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? and that in (my) aur) apinian death accurred an the date 23 B. DATE SIGNED Stoff Phy s. BAL TIMORE, 24D. LOCATION BALTIMORE. CONVENT CEM. 25C. FUNERAL DIRECTOR ADDRESS Sen 805 N. MEARS å CALVERT

the body was released to the hospital D.O.A eceased shows: SD

3 \$ \$ BURIAL

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

BIRTH NO.

(Type or Print)

M.E. CASE NO.

Sister

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

Such

eath.

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wastern saven live of the same 11. 7.4 (1.3 The same of the sa

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contributing cause of death stermined cause; (5) Deceased LO hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance A. STATE D.C. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) attend 0 INSTITUTION prior SINA HOSPITAL OF BALTIMORE D. STREET ADDRESS 1328 occurred (4) Undetermined regular mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH deceased WIDOWED, DIVORCED (specify) NEGRO MALE SINGLE 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) isposition death Ξ done during most of working life, even if retired) BARBER Was the 14. MOTHER'S assistant if IMPORTANT death uo T 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final SECURITY NO. attendance WORLD INARII any pronounced CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY balmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., ar hearl foilure, osthenio, etc. It means the disease, FUNERAL DIRECTOR: examiner injury ar complication which caused death.) (B) HYPERTENSIVE CARDIOVASCULAR regul em ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving (3) rise to the above cause (A) stating the 2 physician UNDERLYING CONDITION last remains medical Was **Body burns;** OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 CERTIFI WAS PERFORMED any nature; (2) 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DtD home, form, foctory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF to the hospital °Z be DEATH (notify medical examiner) MEDI obtained 21 D. TIME (Month) (Dov) (Year) (Hour) 9 21 E. INJURY OCCURRED OF INJURY approved (except While At Not While (APPROX.) and Work At Work 22. I certify that (IX (this hospital) attended the deceased from 1967 that (1) (we) lost sow the deceased alive on accident of death) hospital and hour and from the couses stated above. (1) (did) (did not) view the body after death. the body was released shows: (1) An accident must 23A. SIGNATURE Med. Director Allending 0 approval O 23C. PHYSICIAN 23D. ADDRESS prior NAME (Type) at LEWIS MELVYN D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased

WHITE

BIRTH NO.

M.E. CASE NO.

I. NAME OF DECEASED (Type or Print)

> REMOVAL (Specify) DURIAL

VS 150-REV, 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

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Such

and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2. DATE AND HOUR OF DEATH APRIL 9617 6 ス 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) WASHINGTON LEW15 ST. 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. Hours lost birthdoy 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH HOURS MYOCARDIAL INFARC TION 2 DISEASE 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? and that in (my) (our) opinion death accurred on the date 23B. DATE SIGNED HOSPITAL ADDRESS 3 Z

PROPRIATE WHITE BEEFEL STEPPEN PLEASURE FLEXANDERA VICENIA THE STREET BY MARKET WASHINGTON TO STREET FROM

	67 4202		HEALTH DEPARTMENT	X De terres INC	67 4202
	TH NO.	CERTIFICA	TE OF DEATH		Of Harris
1. 6	AME OF DECEASED	HENRY FRANKL	1 NI 2. DATE	AND HOUR OF DEATH PRIL 27, 19	67 10100 11
	PLACE OF DEATH IN BALTIMORE MARYLAND	HEMMI I WOME			nstitution: residence before odmission)
٥.	TACE OF BEATH IN BALIMORE MAKIEAND		A. STATE B. CO	UNTY	
	FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	MARYLAND	HOWARD CO	
	NSTITUTION			The second secon	RURAL ond give township)
,	ST. AGNES HOSPI	TAL	D. STREET ADDRESS	(If rurol, give location)	0.5
4	-V		120 MAIN		
5. 5	EX 6. RACE 7. MARR	IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
-		R FD (specify)	4/30/01	lost birthdoyl	
don	USUAL OCCUPATION (Give kind of work 10 B KING during most of working life, even if retired)	ALOUS MI THOSIN	II. BIKIMPLACE (Store of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	DISABLED D C	. A	ALEXANDRIA,	VIRGINIA	U.S.A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	WALTER	(DEC D)	SUSAN ALLI	SON (DE	C(D)
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown](If yes, give wor or dates of servi		17. INFORMANT		ADDRESS
	NONE		9 ST. AGNE	S HOSPITAL	RECORDS
_	18.400	CAUSE O		0 11001 1111	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A) MY	CAR DIAL	+NFHRC T	10~-
	(This does not meen the mode of dying, heart failure, asthenia, etc. It means the dise				
	injury or complication which coused death.)		and Cons	ESTINE	HEADT FALLURI
	ANTECEDENT CAUSES	DUE TO	ONIC COM		HEART FAILURG
	DISEASES OR CONDITIONS, if ony, gi		MERNIASCA	FROSIS A	N) UREMIA
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	ine (C) 22 = 0			
	ll li				-
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO				
ATIO	DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	ar about 21C. WHERE DIE	(If in Boltimor	e City, give exoct locotion)
AL	DEATH (notify medical examiner)	etc.)	ince bidg., 11430ki OCCOK		
DIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
ME	(APPROX.)	While At Not While			
		Work At Work	2011 26	19 67 to APE	211 27 67
	22. I certify that (1) (this haspital) attend that (1) (we) lost saw the deceased alive	od life decedated from		191010	19
	that (1) (we) lost saw the deceased alive	on	19ond	that in (my) (our) op	inion death accurred an the date
	and hour and from the causes stated abov	e. (1) (We) (did) (dld nat) v	iew the body after dea	th.	
	23A. SIGNATURE			A. #5145	23B, DATE SIGNED
	SXXXXENEXXHX()	M.D. Alle Phy	nding Med. Director	Stoff Phys.	04.27-67
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		F
	JUAN 3.	-ABRERA M.D.			
24/	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 240	LOCATION (C	ity, town, or county) (State)
	Burial 4-29-1967	Good Shepherd		Ellicptt City	. Md .
25/		ME OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
	MAY 1 1967 (1.0)	8 2 Farlewas	F.C. Higinho	othom, Ellicot	t City Md.
1/6	150-REV, 1/1/65			1	o oraș ince

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35 67 4909	BALTIMORE CITY	HEALTH DEPARTMENT		CM 4000			
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	6/ 420			
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH				
(Type or Print)	GOLDENBE	RG APRIL	25. 1967	2:50 P			
3. PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (When	e deceased lived. It in:				
			**				
FULL NAME OF (If not in hospital or in hOSPITAL OR oddress or location)	stitution, give street	MARY LAND	side city limits, write R	URAL and give township)			
INSTITUTION			,,	27-			
00		BALTIMORE D. STREET ADDRESS (II)	rurol, give location)				
3626 FORDS LANE, APT 30	•	3626 FORDS LAN	IE. APT 3C				
	MARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr., It Under 2			
	WIDQWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours			
FEMALE WHITE 10A. USUAL OCCUPATION (Give kind of work 10 B)	MARRIED	JAN. 12, 1889	78	12. CITIZEN OF			
done during most of working life, even if retired)	THE OF BOSINESS ON MEDOSINE	The section of the	g. commy	WHAT COUNTRY?			
HOUSEWI FE	AT HOME	NEW YORK CI		USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME				
MORITZ FRIEDMAN		HANNAH	?				
MUKIIZ FKIEUMAN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dates of	1 6. SOCIAL	17. INFORMANT	•	ADDRESS			
(Yes, no or unknown) (It yes, give wor or dotes of	service) SECURITY NO.		fi				
NO	UNKNOWN		SEMAN, 2419				
18. 420.11	CAUSE	F DEATH	_	INTERVAL BETWEE			
DISEASE OR CONDITION DIRECT	TLY //	f. At	0 4				
LEADING TO DEATH (This does not mean the mode of dying, e.g., OUE AD OUE AD							
heart failure, asthenia, etc. It means the		A desame live	th Coronary	3 H/1			
injury or complication which coused dec	(h.)	is agreence	in - cionary	Fort year			
ANTECEDENT CAUSES	DUE TO	rugueray.					
DISEASES OR CONDITIONS, if ony,		Tours of my	-	Kies.1			
rise to the obove couse (A) sto UNDERLYING CONDITION lost.	www.		junis				
4.4							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.							
		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	MED		IN CERTIFYING CAL	JSES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(It in Boltimore	City, give exoct locotion)			
OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	home, form, foctory, street, o	mice bidg., INJURT OCCUR?					
D 21D. TIME (Month) (Doy) (Year) (H	our) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?				
S OF INJURY	While At Not While						
(APPROX)	Work L At Work						
22. I certify that (1) (this haspital) at	tended the deceased fram	Jan	1946 to 25	April 196			
that (I) (we) last sow the deceased a	// N . Y/	/ / /	at in(my) (aur) opir	nion death occurred an th			
and hour and from the causes stated	above. (I) (We) (did) (did nat)	/					
23A. SIGNATURE		to the soup where deallies		23 B. DATE SIGNED			
Laure to 1	M.D. Att	ending Med.	Stoff	2/ 1/1			
133 PHISCIANS	was the Phy		Phys.	20 miles			
VAME (Type)		23D. ADDRESS					
DR. LOUISTO	ON L. KEOWN M.D.	431 E. LAKE A	VENUE				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR			y, town, or county) (S			
	UIDUI IUO LAGO		RAITTIN	DE MADVIAND			
BURIAL 4/27/67	MARYLAND LODGE			ORE, MARYLAND			
	MARYLAND LODGE	25C. FUNERAL DIRECTOR		ADDRESS			
		25C. FUNERAL DIRECTOR					

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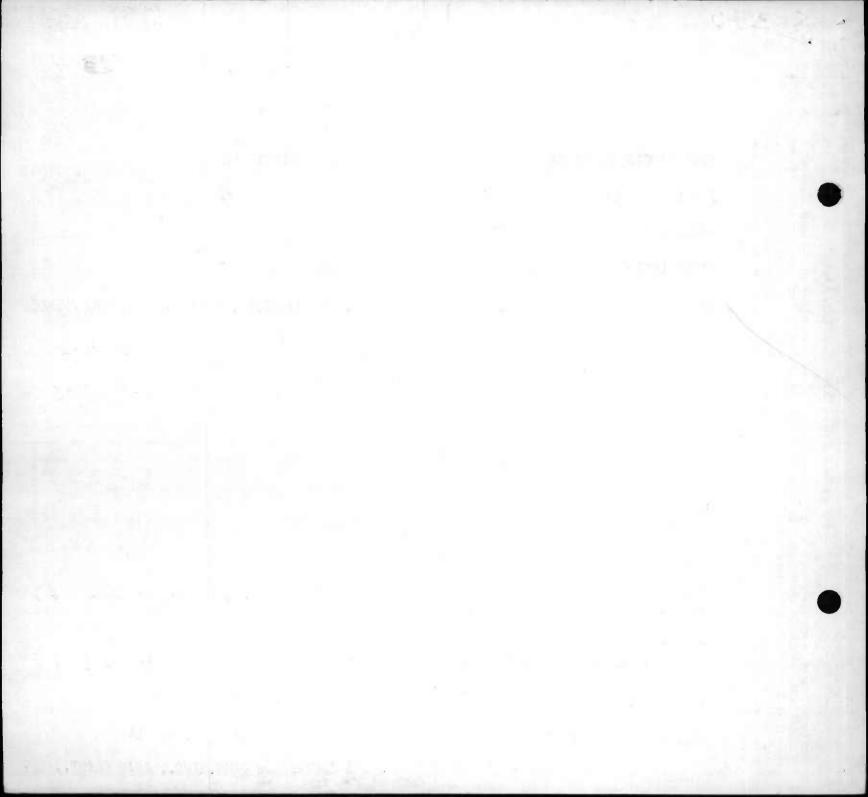
VS 150-REV. 1/1/65

prior to death.

-			BALTIMORE CITY	HEALTH DEPARTMENT		67 4204
MATH NO.	67 4	1204	CERTIFICA	TE OF DEATH	Registered Na	01 4504
M.E. CASE NO. 1. NAME OF DI (Type or Print)	CEASED			2. DATE A	ND HOUR OF DEATH	1-0
	SA	RAH SIDLE		APRI	L 26, 1967	stitution: residence befere edmissi
S. PLACE OF D	EATH IN BALTIMO	RE, MARYLAND		A. STATE B. COU	ere deceased lived, If in NTY	stitution: residence befere edmiss
FULL NAME		hespitel er institutien	, give street	MARYLAND		
INSTITUTION	eddiess c	i icconcii)			utside city limits, write l	RURAL end give township)
00				D. STREET ADDRESS ()	f rurol, give locotien)	
5706 NA	RCISSUS AV	ENUE		5706 NARCISS	US AVENUE	
5. SEX	6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lest birthdey)	If Under 1 Yr. If Under 24 Menths Deys Heurs Min
FEMALE	WHITE	WI	DOWED		82	
	CUPATION (Give king of working life, even if		F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stete er for	eign ceuntry)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWI	FE	·	T HOME	RUSSIA		USA
13. FATHER'S N.	AME		, , , , , ,	14. MOTHER'S MAIDEN NA	ME	
MAYER L	EVINSON			HANNAH	?	
15. Wes Deceas (Yes, no or unkne	ed Ever in U. S. Ar	med Ferces? r or detes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			UNKNOWN	MR. HERMAN ST	DLE. 6603 PA	RK HEIGHTS AVENU
18. 46	20,11			F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITI		//	Λ	0 -	2 /
(This does		node of dying, e.g	(A) DUE ID	ionary UC	clieson	1 hrs
	e, osthenio, etc. II omplication which	meons the diseos	e,		0 /	
,	ANTECEDENT C		(8)	ynes Tens	ine I.V.	10 45
DISEASES	OR CONDITION	IS, if ony, givin	Q DUE TO	01	DIS.	1.0
	the obove cous	e (A) stoting th	e (C)		***************************************	
O N D E N E 111	11	1031,				
	NIFICANT CONDIT	IONS CONTRIBUTI				
DISEASE O	R CONDITION CA					
19A. DATE		AS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? IYes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCID	ENT WAS UNDER	LYING 12	B. PLACE OF INJURY (e.g.,	in er ebout 21 C. WHERE DID	IIf in Boltimere	City, give exect locetien)
OR CONTRI	BUTING CAUSE ify medicel exemine	OF he	eme, ferm, foctery, street, e	effice bldg., INJURY OCCUR?		,, ,
D 21D. TIME	(Menth) (Dey)	(Yeer) (Heur) 21	E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY	·	V	/hile At ☐ Net Whi	le 🦳		
22	(ab -a (1) (ab : - 1		/ork At Work		10 (57)	0 2 (10 6
			the deceosed fram	1 6-		1 26 196
		leceosed olive an		/		nian death accurred on the
23A. SIGNA		ses stored obove.	(I) (We) (did) (did not)	view the bady ofter death.		23B, DATE SIGNED
60	2000	1001		ending Med.	Stoff	4-2-1-1
23 C. PHYSIC		/ LEE	Phy	23D. ADDRESS	Phys.	7-20.6
NAME	(Type)		M.D.	1015 0104	HEROUSE ANDLE	
24A. BURIAL C		SAUBER 24C.	NAME of CEMETERY of CR	6905 PARK	HEIGHTS AVEN	ty, tewn, er county) (Sto
REMOVAL						
BURTAL 25A. DATE REC	D BY HEALTH DE	77/67 A	ESTNA OF REGISTRAR	25C. FUNERAL DIRECTO	BALTIMORE, M	ADDRESS
	MAY 1 10	67 10 6	E Faluma	224 1500		AND DETET 1

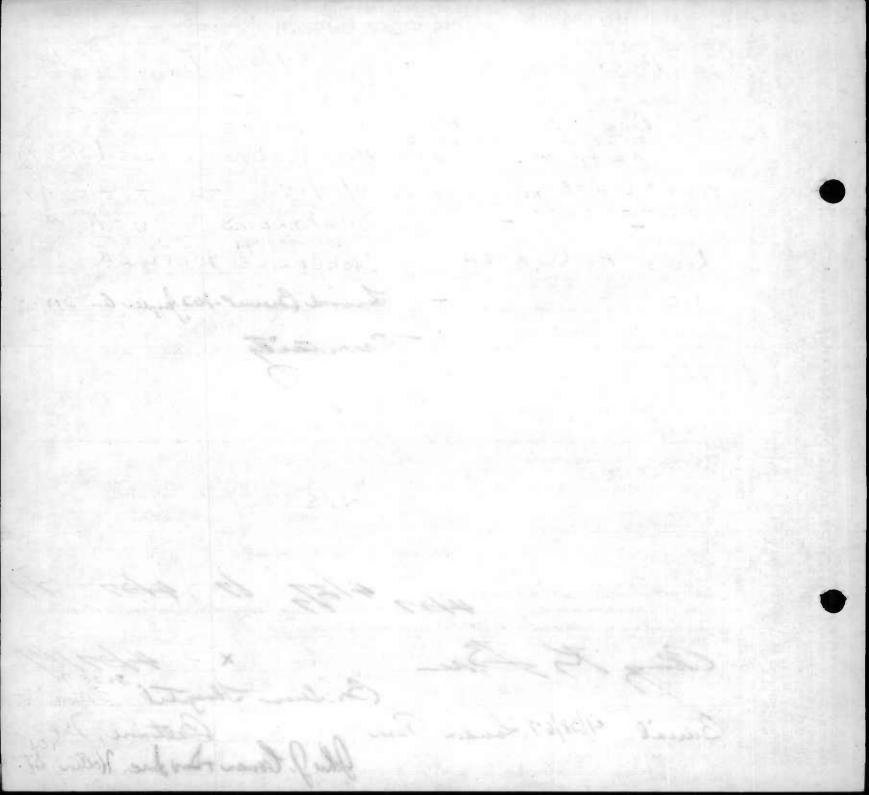
4/27/67 NESTNA
TH DEPT. 25B, NAME OF REGISTRAR
1967 PLSE FOR

MARYLAND BALTIMORE. ADDRESS 25C. FUNERAL DIRECTOR EVINSON & BROS. INC., 6010 REIST.,



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

In an Sucre Assor	BALTIMORE CITY	HEALTH DEPARTMENT	/	67 A201 /
BIRTH NO. 17-0868967 4205	CERTIFICA	TE OF DEATH	Registered No.	01 4200 4
1. NAME OF DECEASED	γ	2. DATE AND	HOUR OF DEATH	4201
DABY GIRL	ORREA	4/2	7/67	13 /A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	e deceosed lived. If instit Y	tution: residence before odmission)
FULL NAME OF (If not in hospital or institution, gr	ve street	MY		Ballo
HOSPITAL OR Oddress or location) INSTITUTION BON SECOURS	HOSP	C. CITY OR TOWN (If outs		1 3
24 LOSS W. FAY	ETTEST	D. STREET ADDRESS WITH	RE utol, give location)	33-00
BALTO, M. & 5. SEX 6. RACE 7. MARRIED, P	1223	1.0	4.	AME (21227)
WIDOWED	DIVORCED (specify)	/ / /	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Nonths! Doys Hours Min.
FEMALE WHITE NEVER	MARRIED	4/27/67		57
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
1 0 1	ne	MARYLA	MD CN	USA
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM		
LOUIS A. CORRE	A	DACQUELIN	E BRE	WER
15. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of service)	SECURITY NO.	7. 1 B	ver-862 fre	1.6. 2.222
18.	CAUSE O	F DEATH	all -des the	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A)	remeterely		
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	_		
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, giving lise to the abave cause (A) stating the	(C)			
UNDERLYING CONDITION last.	••••••	***************************************	**************************	
, II	0.	in a biand		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USEASE OR CONDITION CAUSING IT.	as	pination		
	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR W		YES	IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(II in Boltimore	city, give exact location)
DEATH (notily medical examiner) etc.)	,,,,			
W OF INTURY	NJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX.) While	Not While At Work	e	/	,
22. I certify that (I) (this hospital) attended the		4/27	17. 4	27 10/7
that (1) (we) last saw the deceased alive an	407	19 0 7 and the	t in (my) (que) aninie	on death occurred an the date
and hour and from the causes stated above. (1)	(We) (did) (did not) >		(), (00.), 00	m down occored on the dote
23A. SIGNATURE	("e) (ala) (ala not) (new the body offer death.	12:	3B. DATE SIGNED
13 7	M.D. Atte	ending Med.	Stoff Phys.	16/201/17
23C. PHYSICIAN'S	Phy	s. Director F	Phys. CL	2025 W.
NAME Type	M.D.	Balan	11	-1 2 2 1 C
24A. BURIAL CREMATION, 24B. DATE . 24C. NA	ME of CEMETERY OF CRI	MATORY 24D. LO	CATION CCity,	town, or county) (Stote)
24A. BURIAL CREMATION, 24B. DATE 24C. NAI	1 0	1 1	12 0	4. m. 1
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF	REGISTRAR	25C. FUNERAL PRECTOR	6- Kell	ADDRESS LOJ
MAY 1 1967 0 0 8-8	Fa. One	11111111	-	2/20- 10
VS 150-REV. 1/1/65		garas y Char	was Then yo	me. nousin Af
				25 AVI.



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

VS 150-REV. 1/1/65

Registered No.

17 17 Islands TILLAS FIRE KOSS WATE OF HETWORFEE NOWSIED HAVE M W WID 112/93 73 SCELL'S HOSTRUM 11 A H 12 11 / 1 5 THE THE PROPERTY IN STREET THE MISSING INPARCION SEL (32 h) (1) Abulder I was be THE DAY TO SER 1201 IAVIZ - SUPST WESTER and the same of the same of the same of a few supposes their disease loves

BIRTH NO

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	4207
2 DATE AND HOUR PRONOUNCED DEAD	

M.E. CASE NO. 1. NAME OF DECEASED VALENTINE SACZALSKI April 27, 1967 3:43 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore. D. STREET ADDRESS (If most give location) 2422 Fleet Street 2422 Fleet Street 5. SEX 6. RACE If Under 1 Yr. If Under 24 Hrs. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDO WED. DIVORCED (specify) Months, Doys, Hours, Min. Male White 86 4-T4-T880 Married 4-14-1880

KIND OF RUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) JOA USUAL OCCUPATION (Give kind of work 10B. 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bar Keeper USA Tavern Poland 3. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Saczalski Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 6. SOCIAL 7. INFORMANT (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. 104-07-2754A Pauline Saczalski 2422 Fleet Street no 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Heart Disease (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C).... CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Dov) (Yeor) (Hour) OF INJURY WHILE AT (APPROX.) NOT WHILE m. WORK 22. Inspection X I certify that I held an Inquiry Autapsy and that an this basis, death in my apinian resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 4/27/67 EXAMINER'S ASSOCIATE MEDICAL EXAMINER Charles S. Petty NAME (Type) 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) 5 - 1 - 67St Stanislaus Cemetery Burial Baltimore, Maryland 24A. DATE REC'D. 248 NAME OF REGISTRAR 24C. FUNERAL DIRECTOR Walter Dabrowski 1005 Dundalk Avenue

VS 151-REV. 1/1/65

leven realway a Maralast automa La Co-Casada

MEDICAL	EVALAINIED'S	CEDTIEICATE	OF	DEATH
MEDICAL	EXAMINER 3	CERTIFICATE	OF	DEATH

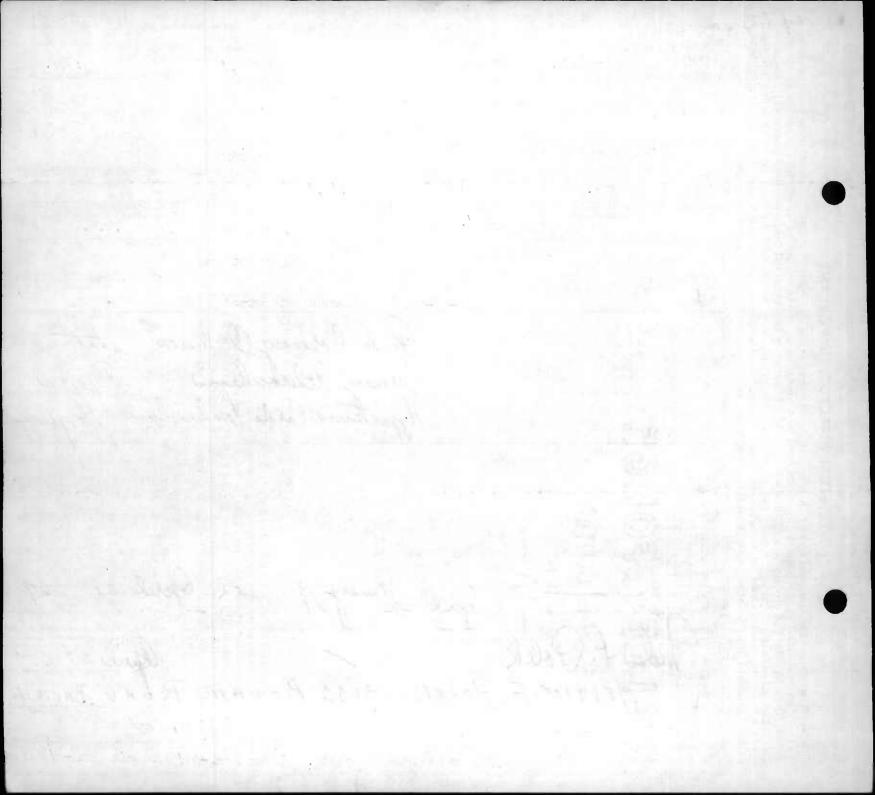
OF DEATH Registered	67 4208
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_	E. CASE NO.									
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			ERNEST	S. ZEIGLER			27, 1967		8:20	P. M.
3.	PLACE IN BALT	IMORE, MARYLAND,	WHERE PRONOU	INCED DEAD	A. STATE		ceosed lived. If inst	ritution: reside JNTY	ince before or	dmi s sio n)
FU	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	Ma	aryland	I	Baltim	ore C	03 1
HC	SPITAL OR	ADDRESS OR LOC	ATION)	,			corporate limits, write	a RURAL ond	give townsh	ip)
1	10				Ва	altimore	Oruna D	4:1125	3.32	2
1	C+	A II	4 - 1	(704)	D. STREET ADD	RESS (If rurol, gi	ve locotian)	100-0	A SACTOR	
6	19 31.	Agnes Hospi	Lai	(DOA)	11	1009 Reis	terstown 1	Road		
5.	SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTI	н	9. AGE (In years		1 Yr. If Under	
	Male	771a 3 to -	Marr	DIVORCED (specify)	July 18,	1898		Manths	Days Hours	/ Min.
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dor	e during most of	working life, even if retired						WHAT	COUNTRY?	
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13.	FATHER'S NAM	ΛE			14. MOTHER'S M					
	Err	nest Zeigle	er		Far	mie Bak	rer			
		D EVER IN U.S. ARM E		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	Dete	D.J
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_	18.27	2.1				er or due	Terarer.	74.0	NTERVAL BE	
	10.4	801		CAUSE	OF DEATH				ONSET AND	
	DISEA	SE OR CONDITION						100		
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	heort foilure,	not meon the made of	ns the disease,	DUE TO						
	Injury or co	mplication which coused	deoin.							
	-	ANTECEDENT CAUS	ES							
		OR CONDITIONS, IF		DUE TO	••••				********	
		E ABOVE CAUSE (A) NG CONDITION LAST								
Z				(C)						
CERTIFICATION		11							F (5) 4	
S		NIFICANT CONDITION DEATH BUT NOT R								
E		R CONDITION CAUSIN		n c						
ER	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY		B. IF YES, WERE FI			
	2	WAS PE	RFORMED		Yes	II.	CERTIFYING CAU	SES OF DEA	IH?	
MEDICAL	21A. EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in or obout 21C. V	VHERE DID (IF	in Baltimare City, g	ive exoct lac	otion)	
岩	UTING CAU	OR CONTRIB-	etc.)	, form, foctory, street, o	flice bldg., INJURY	OCCUR?				
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_	OF INJURY	(Month) (Doy) (Ye		IE. INJURY OCCURRED		OW DID INJURY	OCCUR?			
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		tify that I held on		_			bosis, death in i	J		
	resul	ted from: Notural c	ausos X	ccldent Suicide	e Hamici	de Un	determined mann	er		
		(Y) 1	11	-1	CHIEF M	EDICAL EXA	MINER		DATE SIG	NED
	SIGNAT		0	The same	ASSISTANT M	EDICAL EXA	MINER X		DATE 310	MLD
	EXAMIN	Enic		700	ASSOCIATE M			Anni 1	20 10	067
	NAME (S. Spri	ngate, M.D.	ADDOUGHTE III			April	28, 19	10/
	A. BURIAL CRE	MATION, 23B. DATE	230	C. NAME of CEMETERY .	r CREMATORY	23 D. LO	ATION (City	, town, or co	unty) (Stote)
RE	MOVAL (Specif	y)	1 1067	DI TIA	77 76 - 17-	0	Dander or Mid	77.	7/ 7	
	Burial			Pleasant Hi			Dwings Mi	LLLS,	Mar.AT	and.
24	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	.1	AD	DRESS	
		MAY 1 1967	DOR	Q 700 48	111	511	4 Owings	Mills	. Md.	
145	161 061/ 1/1		Wie Cree D	C. TONDEUTUR	171	callerd	1 011155		,	
V 2	151-REV. 1/1/	03	1 5	1 13 11 (6 Gua	1 0				

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Odeceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

NAME OF DECEASED			2. DATE	AND HOUR OF DEATH	1
	uis W. Tel	ler	Anni	1 24 1967	5:30P. N
PLACE OF DEATH IN BAL			4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence before odmission)
FULL NAME OF (If no	ot in haspitot or instil		Maryland	ONT	
	ess at lacotion)	oridn, give sireer	4	outside city limits, write	RURAL ond give township)
1.1			Baltimore		8-01
+4 Union Nom	rial Hospi	tal	D. STREET ADDRESS	(If ruiol, give location)	
				in Avenue	
Male 6. RACE	ite 7. MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	Aug. 12, 1897	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Gione during most of working life,		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	areign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	von it rollies)	Jerry's Bar	Baltimore, M.	ruland	U.S.A.
Bantender.			14. MOTHER'S MAIDEN		
Frank Tel	lon		Lillie	an Schuder	
. Was Deceased Ever in U.	S. Anned Forces?	1 6- SOCIAL	17. INFORMANT		ADDRESS
es, no oi unknown) (If yes, giv	Wor or dates of se	rvice) SECURITY NO.	Thomaso Tal	ler-2825 Brei	ndan Ave.
1B. ZZ 0 A 1		CAUSE-0		COL ECT) Dree	INTERVAL BETWEEN
DISEASE OR COL	I IDITION DIRECTLY		A 11.	10.1	ONSET AND DEATH
	TO DEATH	(A) (Secu	le Coronell	1 Occurr	no stal
(This does not mean the heart failure, osthenia,			001	1	0
injury or complication w			now there	cchroas	Sylectes
ANTECEDE	NT CAUSES	DUE TO	1- 0	- >/ 1	10
DISEASES OR COND			4 tenere (ne	lis Voaler	Herene // Grence
UNDERLYING CONDIT		(0)			
	1				1
OTHER SIGNIFICANT CO TO THE DEATH BU DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UI	T NOT RELATED 1				
DISEASE OR CONDITION		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES. WERI	E FINDINGS CONSIDERED
	WAS PERFORME			IN CERTIFYING C	AUSES OF DEATH?
	NDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltime	ore City, give exact location)
OR CONTRIBUTING CA		home, form, factory, street, a	mice biog., INJURY OCCUR		
	(Doy) (Year) (Hou	21E, INJURY OCCURRED	21 F. HOW DID	NJURY OCCUR?	
(APPROX.)		While At Not While Work A Wark	le)
		1	mary 3	10.52	10 kg & 21 10 67
that (1) (we) last saw		18/10 1/10 1/4	117	Ab-1 2- () ()	-1-1 11
			The state of the s		pinian death accurred an the da
and hauf and from the	causes stated ab	ave. (I) (WE) (did) (did nat)	riew the bady after deat	h.	23 BY DATE SIGNED
MILL +	· Palol	M.D. AH	ending Med.	Stoff	101.0127 11
23C. PHYSICIAN'S	000	Phy	23D. ADDRESS	Phys.	ugue a 1, 146
NAME (Type) MF	IVIN/ I	POLEN MO	3613 RA	I RIR T	ROAD ROLLAN
A. BURIAL CREMATION, 2	AB. DATE	24C, NAME of CEMETERY OF CR	EMATORY 24D	LOCATION	City town of county (State)
REMOVAL (Specify)	1, 26 (7	Holy Redeemer		Baltimore	City, town, or county) (State) Muland
Burial	4-20-0/	0			U
SA. DATE REC'D BY HEALT	1967	See E, Larberta	John C. Mil	ler Inc641	5 Belair Road-21206
			4.7		



F-63

	67 4210			HEALTH DEPARTMEN		67 4210
BIRTH NO. M.E. CASE NO.	3,10,3,0		CERTIFICA	TE OF DEAT	H Registered No	21-130
1. NAME OF DE	JOHN	P. FO	RD , SR.		pril 28, 1	
3. PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND			(Where deceased fived. If	institution: residence before admissio
FULL NAME	OF (If not in hospital	or institution	ave street	Md.	.001(11)	
HOSPITAL OR			give sheet	C. CITY OR TOWN		e RURAL and give township)
1113111011011	Baltimore C	ity Hos	nitale	Baltimor	e # 21224 ,	26-0
31	Dart Imore O.	rey nos	Progra		(If rural, give location)	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Male	White		D, DIVORCED (specify)	Mar. 19, 1887	lost birthdoy)	Months Days Hours Min,
	CUPATION (Give kind of work			11. BIRTHPLACE (State of		12. CITIZEN OF
done during most o	if working life, even if retired) ਜੈ ਨਾਕਰੇ	Real	Estate	York	. Pa.	U.S.A.
3. FATHER'S NA		HOST	- Blate	14. MOTHER'S MAIDEN		U.D.R.
3. FAIHERS NA				14. MOTHER'S MAIDEN	NAME	
	Daniel H.	Ford		Catheri	ne F. Kuehn	
	ed Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	Tin yes, give wer or dele	J OI JOIVICO	212-07-7882	Ketherin	e C. Ford	Same.
18. //	2011		CAUSE O		0. 1014	INTERVAL BETWEEN
4-00	ASE OR CONDITION DI	ECTIV	Criotic of	DEATH		ONSET AND DEATH
DISE	LEADING TO DEATH	RECILI	Car	mary Thr	1416usis	None
	not meon the mode of		DUE TO	onary Thro	MOOSIS	
	e, asthenia, etc. It meons implication which coused					7
,0., 0. 00	ANTECEDENT CAUSES		(B) Ary	erto sclero	tic C.V.D.	seose ?
DISEASES			DUE TO			
	OR CONDITIONS, if he obave cause (A)		(C)			
	IG CONDITION lost.		(0)			
	11					2 12 2
	NIFICANT CONDITIONS C		E . C			
DISEASE OF	R CONDITION CAUSING I	T.	None	120 4	N. N. 208 15 Was 1115	
19A. DATE C	OF OPERATION 198. CON		WHICH OPERATION	ZUA. AUTOPSY? (Tes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
# L	TALE MAS HAD SOLVING	0.16		1 1210 144505	// B //	
OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF	hon	PLACE OF INJURY (e.g., in ne, form, foctory, street, of	fice bldg., INJURY OCCL	IR?	note City, give exact location)
U	fy medical examiner)	etc	,)			
OF INJURY	(Month) (Day) (Year)		. INJURY OCCURRED		D INJURY OCCUR?	
(APPROX.)		WH	nile At Not While			
22	aboa (I) (abia baasiaa		he deceased from		1957 to 19	Pril 28 1967
	•		4	/ / -		
	s) last saw the decease		,	,		plnian death accurred an the d
		ted abave. (l) (We) (did) (did nat) v	iew the bady after de	ath.	
23/A) SIGNAT	URE 1/	9 0	0		F. //	23 B. DATE SIGNED
4020	an- N.10	aske	M.D. Atte	mding Med. Director	Stoff Phy s.	4-28-67
23C. PHYSICI NAME		Gaske		637 S. Con	kling St. Ba	lto., 21224, Md.
24A. BURIAL CR	REMATION, 248. DATE	24C. N	AME of CEMETERY of CRE			(City, town, or county) (State)
Buris	(Specify)		acred Heart		7401 German	Hill Rd.Ba.Co., Md
25A. DATE REC	MAY T 1967	25B. NAME	of registrar	25C. FUNERAL DIRE		Conkling OSTSS ,21224, Md.
VS 150-REV. 1/1	101711 2. 1.2.17	23		Conarell A.S	Darto.	
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VS 150-REV. 1/1/65

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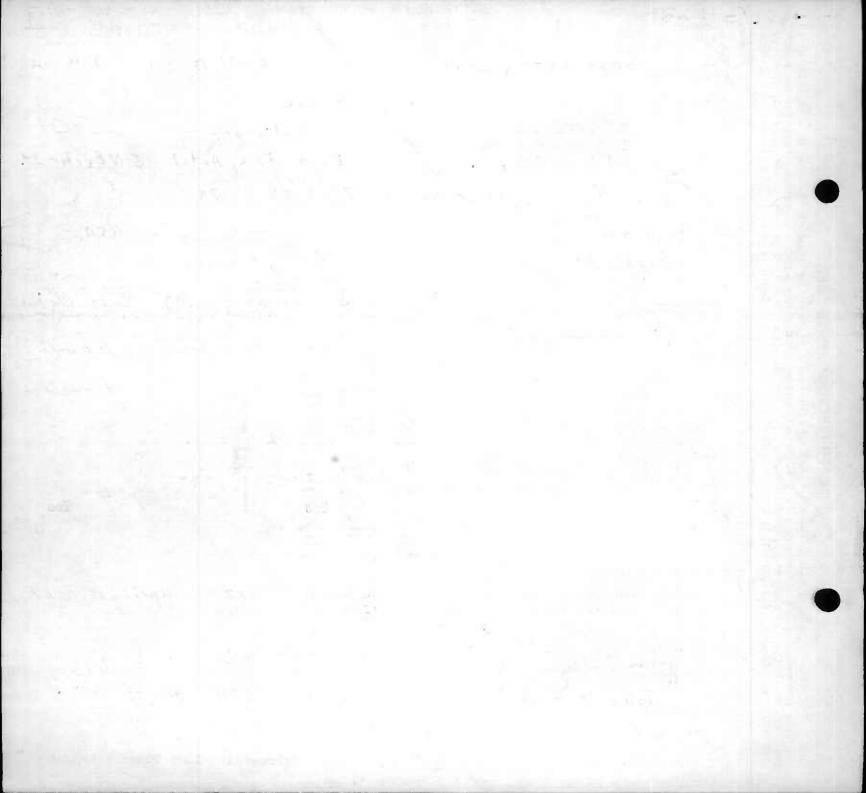
prior

attendance on the to death.

-162			BALTIMORE CITY	HEALTH DEPARTMENT		017 801
BIRTH NO.	7 4211		CERTIFICA	TE OF DEATH	Registered No	5/ 461
M.E. CASE NO.	ASED				ND HOUR OF DEATH	
Type or Print)	Gaphard	+ . /-	ouis		pril 13 19	9671 9:00 6
	H IN BALTIMORE, MA				ere deceased lived. It ins	titution: residence before admiss
FULL NAME OF	(If not in hospital	or institution an	ve street .	Margland	***	
HOSPITAL OR	oddress or locotio	n)	ve sheer		utside city limits, write RI	JRAL and give township)
	BALTIMORE	CITY HOSE	PITALS	Boult	imore.	5-01
.31	4940 Easte:	rn Avenue	9	D. STREET ADDRESS (If	rural, give location)	-
	Baltimore :			East E	nd Hotel	5 NExeter J
01	. RACE	WIDOWED,	DIVORCED (specify)	7/29/88	9. AGE (In years tost birthdoy)	tf Under 1 Yr. If Under 24 Manths Days Haurs Mit
OA. USUAL OCCUP	ATION (Give kind of world)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
mech.	rking tre, even it retired;					41
3. FATHER'S NAME	λη / C			14. MOTHER'S MAIDEN NA	ME	usA.
Gan	hardt .			5	Frances.	
	ver in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT	, , whice ,	ADDRESS
Yes, no or unknown) (I	If yes, give wor or date	s of service)	SECURITY NO.	RECOR	DS 49	940 Eastern Ave.
Mhnown					ory MB.	Dalt Citty H
18. 181	01		CAUSE O	DEATH	V	ONSET AND DEATH
	OR CONDITION DI	RECTLY		RI	11	/ 11
(This does not	mean the mode of	dying, e.g.,	(A) DUE TO	siminated Black	lder Ca.	6 month
	sthenia, etc. II meons lication which caused					
	NTECEDENT CAUSES		(8)	CVA		4 month
	CONDITIONS, if		DUE TO			
rise to the	abave cause (A)		(C)			
UNDERLYING	CONDITION last.					
Z OTHER SIGNISIA	CANT CONDITIONS C	ONTRIBUTING				
E TO THE DEA	ATH BUT NOT RELA	TED TO THE	^	ebilitation	E aus	
19A. DATE OF O	ONDITION CAUSING		HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE FI	NDINGS CONSIDERED
19A. DATE OF O	WAS PER	FORMED		Yes	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21 A. ACCIDENT	WAS UNDERLYING	21 B. P	LACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
▼ DEATH (notify m	NG CAUSE OF Tredical examiner	home,	form, toctory, street, of	fice bldg., INJURY OCCUR?		
21 D. TIME (Month) (Doy) (Year)	(Hour) 21E I	NJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?	
21 D. TIME OF INJURY (APPROX.)		While	At Not While			
		Work	At Work			
22. I certify th	nat (I) (this haspito) attended the	//	Marchi		pri 13 19 67
that (I) (we) Id	ast sow the decease	d alive on	upri/	12 19 6 ond th	nat in (my) (aur) opin	an death occurred on the
		ted above. 🕖	(We) (did not) v	iew the bady after death.		
23A. SIGNATURE	ac					238, DATE SIGNED
John	~ I Lilan	mn	M.D. Atte	nding Med. Director	Stoff Phys.	al -1 12
23C. PHYSICIAN'	S e)	7		3D. ADDRESS	1046	77
J.	ha G. (+1	-CHUT 4	M.D.	Balt	City, 4940	Eastern Ave.
4A. BURIAL CREM	ATION, 248. DATE		AE of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, talwn, or county) (State
REMOVAL (Spe	1 4-27-	67	2011 2600	+	1.15	2
25A. DATE REC'D B	Y HEALTH DEPT.	258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	jan.	ADDRESS
	de anne el	A	A 600	TOOL TILLIAM DINECTO	•	NEUS

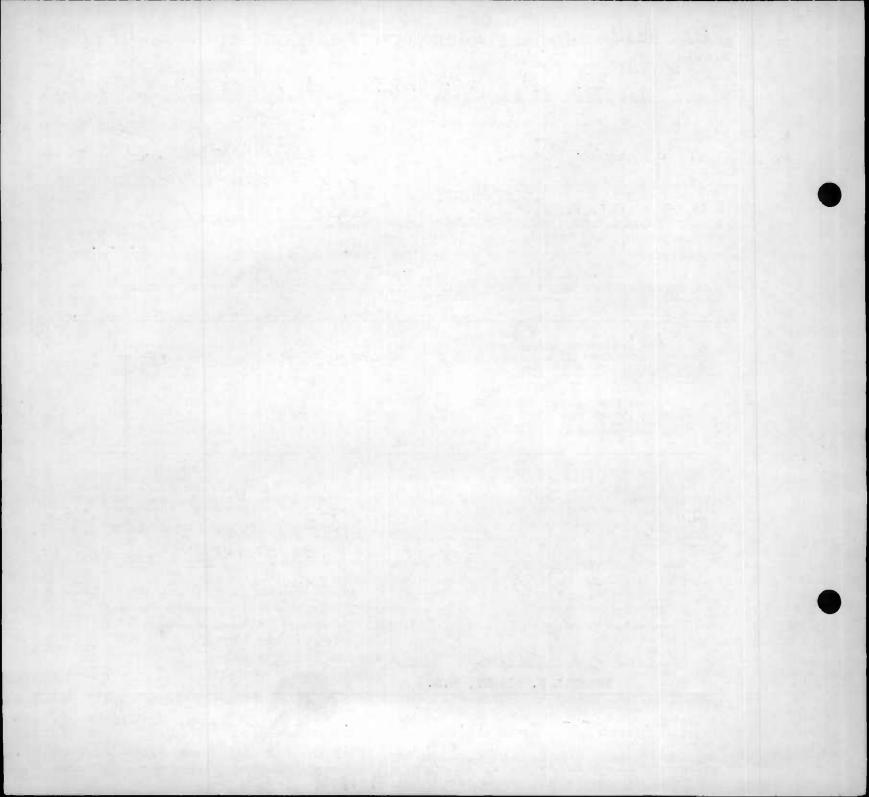
Walter Dabrowski

1005 Dundalk Avenue



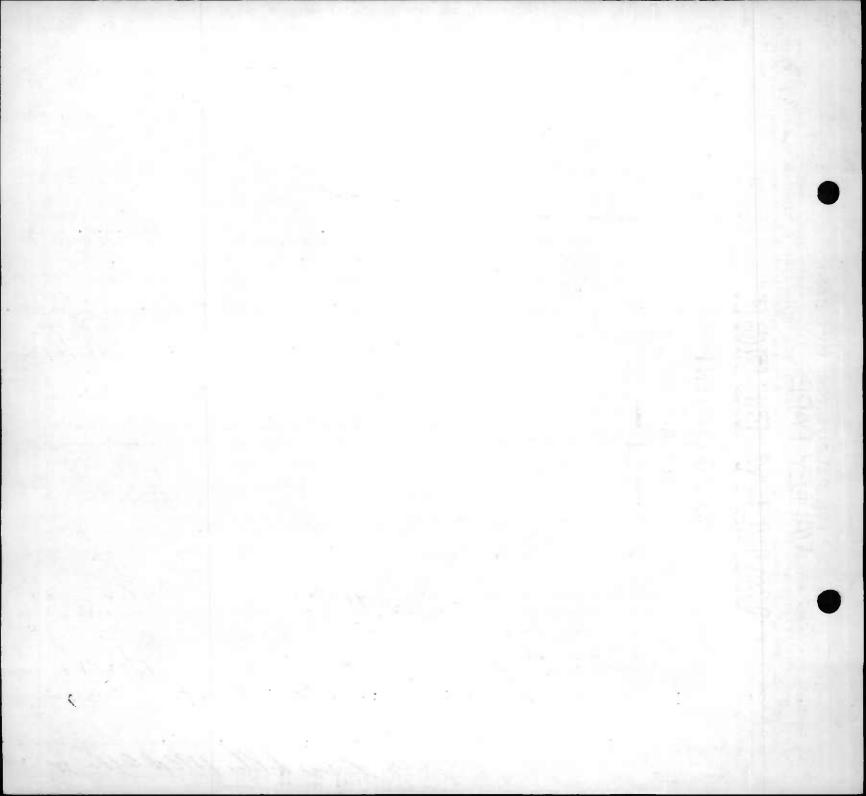
H -252 BIRT 676. 4212 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 4212

-	E CASE NO.								
{Ту	NAME OF DEC pe or Print)	KOLA	NO	HANKIN		4	28-67	1	1120 PM.
3. F	LACE IN BALT	IMORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESI	PARLY LAN	eceased lived. If inst B. COU	itutian: resider	nce before odmission)
HO	LL NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	ITION, GIVE STREET			corporate limits, write	RUNAL OD	give township)
		VIDENT	HOS PI	TAL	13,	ALTIM		15	-01
1	27				604	CUMI	BERLANI)	
5. 5		6. RACE NEG-RO		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR	тн	9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs. oys Hours Min.
1	MALE	JPATION (Give kind of wor		ngle	3-7-46	(State or foreign	2/	12. CITIZEN	OF
don	e during most of v	working life, even if retired)	KIND OF	BOSINESS OK INDOST	Md.	AAIDEN NAME	Country		COUNTRY?
13.	FATHER'S NAM	Wm. Haw	rine			ncis Ke	n+		
15.	WAS DECEASE	D EVER IN U.S. ARMEI		16. SO CIAL	17. INFORMANT		110	ADDRESS	
(Ye		(If yes, give wor or dot	es of service)	SECURITY NO.	Who H.	awkins	604 Cumb	onlone	8 S+
-	110	ei v		CAUS	E OF DEATH	AWKTIIS	OUA GUIND	11	NTERVAL BETWEEN
	DISEA	SE OR CONDITION D	DECTI Y		200			9	DISET AND DEATH
		LEADING TO DEATH	4	(A)	-UNSHOT	- wou	NO OF C	HEST	
	heart failure,	osthenia, etc. It mean mplication which coused	s the diseose,	DUE TO					
		NTECEDENT CAUSE	s						
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		E ABOVE CAUSE (A) S NG CONDITION LAST.	TA IING THE	(6)					
Ö		11	-	(0)	••••••				
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T						1 x v 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
CERT	19A. DATE OF	OPERATION 198. COL		WHICH OPERATION	20A. AUTOPS	- 1	OB. IF YES, WERE FI N CERTIFYING CAU		
\ S	21 A. EXTERNA	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	, in or about 21C.	WHERE DID (f in Boltimore City, gi	ve exoct lac	otion) 15-01
MEDIC.	UTING CA	SE OF DEATH.	etc.)	STREET			OCK V.		
2	OF INJURY	(Month) (Doy) (Yes		TE. INJURY OCCURRED	21 F.	IOM DID INTO	RY OCCUR?		
	(APPROX.)	4 28 6	Fm. V	VHILE AT NOT	WHILE X	MEROWA			
	22.	tify that I held an	Inquiry 🗌	Inspection A	utopsy	nd that on this	s bosis, deoth in r	ny opinian	
	resul	ted from: Natural co	uses A	Accident Suici	de Homie	ide V	ndetermined monn	er 🗌	
	ACTUA	X	2/			MEDICAL EX			DATE SIGNED
	SIGNAT	URE	om	M.	D. ASSISTANT				/ 20 67
	EXAMIN NAME (S. FISH	ER, M.D.	ASSOCIATE	MEDICAL EX	AMINER		4-29-67
		MATION, 238. DATE	23	C. NAME OF CEMETERY	or CREMATORY			, town, or car	
	Buria	100 m	7	Mt. Auburn	n Cem.	Bai	ltimore,	Maryla	and
24		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNE				
	1	MAY 1 1967	Poleut	E. Jarleyna	Kels	on une	ral Home	1348	Calhoun St



					1	
5	topi	-	3	6	, (-
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🕔	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	spite	e of	5) De	nce	eath	
	a ho	canse	se; (5	ndai	to d	
70	ui pa	ring.	a can	atte	rior	6
	curre	tribu	mine	gular	ed F	made
	th oc	COL	eter	n re	eceds	on is
	f dea	ct or	Ond (Vas	he d	OSitio
N	ant i	dire	d; (4	ath v	on t	disp
RTA	ssist	the	y kin	dec	ance	fina
MPC	his c	50, i	of an	unce	tend	ed or
::	er or	r. A	ture	rono	ar at	balm
FUNERAL DIRECTOR: IMPORTANT	amin	mine	A frac	ho p	egul.	e em
IRE	al ex	exc	(3)	an w	in	ns ar
AL D	nedic	edica	Surns	nysici	W L	emai
VER	nief n	E B	ody k	he ph	sicial	the r
FU	he ch	by	(2) B	Fre +	phy	fore
	by 1	spita	lure;	r whe	9 No	ed be
	rove	ne ho	y na	xcep) pur	btain
	ddp 6	10 +	of an	a) p	th); c	be o
	ust be	edsed	dent	lospit	deal	must
	ite m	s rele) acci	at a h	or to	DAO.
	tifica	y wa	shows: (1) An accident of ar	J.A. c	d pr	written approval must be obtained before the remains are embalmed or final disposition is made.
	is cer	poq é	SWC	IS D.C	cedse	itten
	Thi	the	she	*	de	×

67	4213	BAI	LTIMORE CITY I	HEALTH DEPARTMENT		CP 4040
BIRTH NO. M.E. CASE NO.	4610	CE	RTIFICAT	E OF DEATH	Registered No.	6/ 4/13
1. NAME OF DECEASED (Type or Print) Cathe: 3. PLACE OF DEATH IN BOLTON Hill FULL NAME OF		er		4. USUAL RESIDENCE (WI A. STATE B. COU Maryland	JNTY	10:05 stitution: residence before admission
90					If rurol, give location)	6-02
	ite	ARRIED, NEVER M VIDOWED, DIVORC Divorced	ED (specify)	1100 Calhoun DATE OF BIRTH 1-1-97	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
done during most of working		KIND OF BUSINESS		1. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
	Alfred Fou			4. MOTHER'S MAIDEN N Aliza	White	
5. Was Deceased Ever in Yes, no or unknown) (If yes,	U. S. Armed Forces? give wor or dotes of		1 RITY NO307174	Benjamin	Gaither 28	ADDRESS 824 Rosaland A
DISEASES OR CO	o, etc. It means the n which caused deat EDENT CAUSES NDITIONS, it any, re couse (A) stati	h.) giving	(B) Hy	rebol Vasarles	Vdinare	year
OTHER SIGNIFICANT TO THE DEATH TO THE DEATH DISEASE OR CONDI 19A. DATE OF OPERA 2TA. ACCIDENT WAS		N FOR WHICH OP	PERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING	CAUSE OF	21B, PLACE Of home, form, for etc.)	F INJURY (e.g., in octory, street, offi	or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
_	(Doy) (Yeor) (Ho	While At Work	Not While	21F. HOW DID II	NJURY OCCUR?	
that (I) (we) last s	ow the deceased al	ive on	4/28	19 6 7 ond aw the body ofter death	that in (my) (our) opi	1967 nian death accurred an the d
23C. PHYSICIAN'S NAME (Type)	LLAW X	+. MAC	HT M.D.	2 E. RE		2/202 ty, town, or county) (Stote)
REMOVAL (Specify) Burial 25A. DATE REC'D BY HE. MAY	5-2-67 ALTH DEPT. 258. 1 1967 (2.58)	NAME OF REGISTR	AR	em . B	alto. Md	ADDRESS
VS 150-REV. 1/1/65	- 1007 016	Service y	arlieum.	Klosse 4.	cer 1-101	in with the



		CM	421	4	BALTIMORE CITY	HEALTH DEPARTMENT		079 4044
	H NO. CASE NO.	07	461	2	CERTIFICA	TE OF DEATH	Registered No	67 4214
1. N.	AME OF DECE	ASED				2. DATE AND	HOUR OF DEATH	
(Тур	e or Print)	UILLII	am	REE	D	4/2	5/67	1040 A
3. P	LACE OF DEA					4. USUAL RESIDENCE (Vhere	deceased tived. It ins	titution: residence before odmissi
	ULL NAME OF		or location)	institution, gr	ve street	C. CITY OR TOWN (If outs	de ela Berlan da Bi	1001 6 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	NOITUTITE			*				CKAL and the township
	ME	RCY	HOSE	TAL		BALTIMOR D. STREET ADDRESS (III 10	rol, give location)	00
	3) /	1/	,					
	1						WRAA	
5. S	EX	6. RACE	7.		DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 I Months Doys Hours Min
	m	N			marries	12/28/09	57	
				B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA E (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of v	orking life, even	it refired)			h. 18.11.11.1		U.S.A.
10.0	FATHER'S NAM					MARY LAND	-	0.349.
13.1	FAIHEKS NAN	E				14. MOTHER'S MAIDEN NAM	E.	
498	THoma	29 0	EED			EMMA:		
15. V	Nos Deceased	Ever in U. S. A	Armed Force	3?	6. SOCIAL	17. INFORMANT		ADDRESS
(res	, no or unknown)	(III yes, give w	vor or dotes	or service)	SECURITY NO.			
	10				CAUCE	PF DEATH		INTERVAL BETWEEN
	18.33	/ X L						ONSET AND DEATH
		E OR CONDI		CTLY	000	BABLE G-I HE		
	(This does no			vino e o	(A) PKO	SAISLIZ G-L HE	MORRHAGE	ACUTE
	heart failure,	slhenia, elc.	It means th	ne disease,	201 10			
	injury or com	olication which	h caused d	eoth.)	Posa	mie strbss	ILL CPAAT	DO UTE
	A	NTECEDENT	CAUSES		DUE TO	14322 311035	ULCCIGITIE	N ACUTE
	DISEASES O	R CONDITIO	NS, if an	y, giving	*			- 6
	rise to the UNDERLYING			loling the	(C) CER	EBRAL VASCULA	s Acciden	T CHRONIC
	DIVDERETTIVO		1051,					
z	071150 000111			NITBIBLITING	20 in 127	TRACT INFECTIO	N	
일	TO THE DE	ATH BUT N	NOT RELATE					
CA		CONDITION C.		TION FOR W	MULTIPLE HICH OPERATION	20A. AUTOPSY? (Yes or No)		
ERTIFI			WAS PERFO	RMED		1100	IN CERTIFYING CAU	INDINGS CONSIDERED
CER	4/17/6	T WAS HINDS	Respin	ATCRY	EMBARASSMENT	n or obout 210, WHERE DID	(If the Publishers	City, give exoct location)
	21 A. ACCIDEN OR CONTRIBU	IIIAO CAOS	EOF	nome	form, foctory, street, o	ffice bldg., INJURY OCCUR?	tir in politimore	City, give exoct locotion)
OA	DEATH (notify	medicol exomi	ner)	etc.)				
	21 D. TIME OF INJURY	(Month) (Doy	y) (Yeor)	(Hour) 21 E.	NJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)			While	Not Whi			
		. 60				2	10 /	1/25
	22. I certify	thot (I) (this	hospital)	ottended the	deceased from		67 10 4	125 196
	Abas (II) (was	lost sow the	deceosed	olive on	1/25	19 67 ond tho	in (our) opin	ion death accurred on the
	morthy (Me)			d obove.	(We) (did not)	view the body ofter death.		
	ALC:	from the cou	nzez ziolei					
	ALC:		uses stored					23 B. DATE SIGNED
	ond hour and	RE	Mm.	. /	M.D. Att	ending Med.	toff 💉	23B. DATE SIGNED
	ond hour and 23A. SIGNATU Ba	my	Om	insk	M.D. Att	s. Director P	toff hys.	238 DATE SIGNED
	ond hour and	my (an	rusk	J Phy	23D. ADDRESS	hys.	238 DATE SIGNED 4/25/67
	ond hour and 23A, SIGNATU 23C, PHYSICIA	my (One min's	sky !	M.D. Att	23D. ADDRESS	ospital	23B. DATE SIGNED 4/25/67
	ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T) BALL CREA	AND DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL	One MIN'S	SKY 22C.NAI	J Phy	23D. ADDRESS MERCY HO	SPITAL	23B. DATE SIGNED 4/25/67 y, town, or county) (State
	ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T) BURIAL CREA	AND DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL	One MINS DATE	SKY 24C. NAI	Phy M.D.	23D. ADDRESS MERCY HO	SPITAL	4/25/67
24A	ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T) BURIAL CREM REMOVAL (S) BURIAL CREM	AATON, 24B.	MIN'S	7 1	M.D. ME of CEMETERY of CR H. Aubue	Director P 23D. ADDRESS MERCY HC EMATORY 24D. 10	SPITAL	y, town, or county) (State
24A	ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T) BURIAL CREM REMOVAL (S) BURIAL CREM REMOVAL (S)	AATON, 24B.	MIN'S	SKY 24C. NAI	M.D. ME of CEMETERY of CR H. Aubue	23D. ADDRESS MERCY HO	SPITAL	y, town, or county) (Stote

enter II quan-Wind to

Burial 4-3

VS 150-REV. 1/1/65

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1967

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	CD 4945		BALTIMORE CITY	HEALTH DEPART	MENT		OP	4045
BIRTH NO.	67 4215		CERTIFICA	TE OF DE	ATH	Registered Na	67	4215
M.E. CASE NO.	CEASED					HOUR OF DEATH	Н	
(Type or Print)	TAYLOR, Guy	Jr.			April	. 29, 1967		1:50 P
3. PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDE	NCE (Where	deceased lived. If	institution: residen	ice before odmissi
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospitol oddress or locotion) Veterans Admit)		Maryland	N (If outs	ide city limits, write	e RURAL one give	township)
	3900 Loch Rav Baltimore, Ma		218	D. STREET ADDRE	SS (II n.	lale Road		
5. SEX	6. RACE	7. MARRIED, NE	VER MARRIED	B. DATE OF BIRTH	9	. AGE (In years	II Under 1 Yo Months Doy:	r. If Under 24 H
Male	Negro		IVORCED (specify) 3d	4/5/19		st bighdoy) 48	1	
	UPATION (Give kind of work working life, even if retired)	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or foreig	n country)	12. CITIZEN C	OF OUNTRY?
Laborer		Beth. Ste	eel Co.	Rawllings	s. Virg	inia	U.S.A	•
13. FATHER'S NA	WE			14. MOTHER'S MA	AIDEN NAM	E		
Guy Tayl				Josephine	-			
15. Was Deceased (Yes, no or unknown	d Ever in U. S. Armed For n) (II yes, give wor or dote	s of service)	SOCIAL SECURITY NO.	17. INFORMANT Veterans	Recor	ds stration	Hosp. Bal	to. Md
Yes	2/4/43 to 7	/20/43 22	29-14-8812	Belle				odale Ro
1B. 60 DISEA	SE OR CONDITION DIR	ECTLY	CAUSE O		y		INTE	ET AND DEATH
(This does	LEADING TO DEATH	duina o a	(A) Ure r	nia			4 m	onths
heort foilure,	osthenio, etc. It means mplication which coused	the diseose,						
	ANTECEDENT CAUSES		(B) Hydr	conephrosis	, left		у	ears
rise to th	OR CONDITIONS, if ne obove couse (A) G CONDITION lost.							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	11							
E TO THE C	HIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TEN TO THE	Congenital a					
19A. DATE OF	F OPERATION 198. CON WAS PERI	DITION FOR WHI	CH OPERATION	Yes	(Yes or No)	IN CERTIFYING C	E FINDINGS CON AUSES OF DEAT	ISIDERED H?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21B. PLA home, f etc.)	CE OF INJURY (e.g., i orm, loctory, street, o	n or obout 21 C. WH lfice bldg, INJURY	ERE DID DCCUR?	(If in Boltim	ore City, give exc	ict location)
OF INJURY	(Month) (Doy) (Year)		IURY OCCURRED		DID INJU	RY OCCUR?		
(APPROX.)		While A Work	Not While At Work	e _				
22. I certify	y that (坎) (this hospital) attended the c	leceased framJ	anuary 16.	19	67 to ADE	il 29.	1967
that (<u>t)</u> (we) last saw the decease	d alive an	April 29,	19 67	and tha	tin(mgg) (aur) a	pinian death ac	curred an the d
	nd fram the causes stat		_					
23X. SIGNATI	LORENT CAM	1-6 Dess	AA.D. Alle	ending Me	d.	Sloff Phys.	23B, DATE SIG	
23C. PHYSICIA NAME (ANS	- Our		23D. ADDRESS			4-50-0	1
	ret Ann Denni	R	M.D.	D-1+	TOCH I	Mozeri DIVO	21210	
24A. BURIAL CRI	EMATION, 24B. DATE	24C. NAME	of CEMETERY of CR	EMATORY	24D. 10	Maryland (City, lown, or cou	unty) (Stole

Balto.

Cem . E

Md.

and the second · · , , , occurred in a hospital and

rect or contributing cause of death (4) Undetermined cause; (5) Deceased contributing cause

if the direct

any Also,

examiner.

a medical

the body was released to the hospital by

					BALTIMO	ORE CITY	HEALTH DE	EPARTMENT	(V)		67	ADAC
	TH NO.	67 4	216		CERT	IFICA	TE OF	DEATH	Register	ed No	07	4216
1. N	AME OF DECI	ASED						2. DATE A	ND HOUR OF	DEATH		
			rie L. I					Apri	1 27, 1	967		2:00 A.
3. F	LACE OF DEA	TH IN BALTIM	ORE, MARYLAN	ID			4. USUAL R	B. COU		ved. If inst	itution; residen	ce before odmissi
	FULL NAME OF		hospitol or inst or locotion)	itution, g	give street			Md.			100	
	NSTITUTION	oddiess	01 1000110117				C. CITY OR		utside city fimit	s, write RL	JRAL ond give	township)
2	House	In The F	ines Nur	sing	Home		D. STREET A	Baltimor ADDRESS (II	rurol, give loc	otion)		1100
1	0	2525 Wes	t Belved	lere	Avenue			25 West	Chase S	treet		
. s	Female	6. RACE			NEVER MARRIED, DIVORCED (S		B. DATE OF	BIRTH 1892	9. AGE (In yellost birthday)	74	If Under 1 Yr. Months Doys	If Under 24 H Hours Min.
	. USUAL OCCU			IND OF	BUSINESS OR I	NDUSTRY	11. BIRTHPLA	A CE (Stote or for	eign country)		12. CITIZEN C	OF DUNTRY?
one	Self-em			osme	ties		Denton	, Caroli	ne Coun	ty,Md.		JOINIKI:
3.	FATHER'S NAM			00210	742.40			S MAIDEN NA			1	
		Char	les Dear	1					Lilly	Jopp		
5. 1	Was Deceased	Ever in U. S. A	or or dotes of s		1 6. SOCIAL SECURITY N		17. INFORMA	ANT			ADD	RESS
	No	til yes, give w	or or dotes or s		220-48-1		Mrs. E	lizabeth	Brady.	5322	Beaufor	t Ave.
	1B. /) / /\	X I				AUSE OF			, , ,	7,744	INTER	VAL BETWEEN
	DISEAS	OR CONDIT	ON DIRECTLY	Υ			011	D	- 1	11	ONSE	T AND DEATH
		LEADING TO			(A)	(17 0	e.	eff		
	CA) CThis does not mean the mode of dying, e.g., theat foilure, asthenia, etc. It means the disease, injury or complication which coused death.											
		NTECEDENT			DU (B)	E TO						
			NS, if any, se (A) slatin		(C)	850	2 fate	7 rus	lls fu	1		
		CONDITION		3	(0)	HA	SCI	1) 0	recour	L 14.	7.	•••••••••••••••••
~		II							,	,		
ATIO	TO THE DE	ATH BUT N	TIONS CONTR	TO THE	3 E							
		OPERATION I		FOR V	VHICH OPERATE	ON	20A. AUT	OPSY? (Yes or N	o) 208, IF YES	. WERE FII	NDINGS CON	SIDERED
ERTIFIC	0		WAS PERFORME	D					IN CERTIFY	ING CAU	SES OF DEATH	1?
O	21A. ACCIDEN	T WAS UNDER	RLYING -	218.	PLACE OF INJI	URY (e.g., in	or obout 21 C	WHERE DID	(If in	Boltimore	City, give exoc	t location)
CAL	DEATH (notify	medical examin	er)	etc.)		sneer, on	ice bidg., II43	OKI OCCOK:				
	21 D. TIME	(Month) (Doy	(Yeor) (Hou	r) 21 E.	INJURY OCCU	RRED	21 F.	. HOW DID IN	JURY OCCUR			
8	(APPROX.)			Whi	le At	Not While						
	22 1	hae (1) (ehic -	L		ne deceased fr	-	book	2 ud	10/17	Ab	rd. 2	74 6
					A-hs ~	P	1 Pin L	~	19 W to	1/		
	-		deceased oliv		11/04	2		/		opini	an deoth oc	curred on the d
	23A. SIGNATE		ses stoted ob	ove. (I) (Wd) (did) (d	id not) vi	iew the bod	y ofter deoth.		T.		1.85
	ZZA. SIGNAL	1 11		/	6.0	M.D. Atter	nding A	Med.	Staff -	1	23B. DATE SIG	2/1-
		4000	nu	1	4	Phys		Director	Phy s.		7/d	0/6/
	NAME (7)	pe)		-	V	2	3D. ADDRESS				/	, ,
	V	F		mm,		M.D.		One East		sity F	arkway	
24 A	REMOVAL (S	ATION, 248.			ME of CEMETE			24D. I	OCATION		town, or cour	nty) (State
	Burial	5	/1/67		Cathedra	1 Ceme			Baltimo	ore, M	ld.	
2SA	. DATE REC'D	BY HEALTH DE	PT. 258. N	IAME O	FREGISTRAR		25C. FUN	IERAL DIRECTO	8,	.677 5		ghts Ave.
	MA	19	b/ (1) D.	10 6	Taker.	ela.	101/s	emonde	minion!	TTOPE E	ork ust	gnes ave

written a REMOVAL (Specify) (City, town, or county) Cathedral Cemetery

DE REGISTRAR

25C. FUNERAL DIRECTOR

Colored Color Burial 5/1/67
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR VS 150-REV. 1/1/65

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	E. CASE NO. NAME OF DECE	ASED		ATE OF DEATH aryanna) 2. DATE AND	HOUR OF DEATH	
(Ту		BEDNARSI	KI MRS MARY	4. 2.	8 - 1967	420
3. 1	PLACE OF DEA	TH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where of	deceased fived. If insti	ilution: residence before o
١.	FILL NAME OF			MD-425 S. DU	TO MAUS	(31) 11
1	FULL NAME OF	oddress or location	or institution, give street n)	C. CITY OR TOWN (If outsid		(31) Marylar
l. '	INSTITUTION			Baltimore		2-6
400	CH	lurch Home	e & vosp		ol, give location)	
-	75			425 S. Dur	CHAM ST.	(31)
5. 5	_	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9,	AGE (In years t birthdoy)	If Under 1 Yr. If Under Months Doys Hours
	F	W	WIDOW	10.5.89	77	
		PATION (Give kind of work	10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
don	Charwon		Office Building	POLAND		A-MR. U.
13.	FATHER'S NAM		office buffating	14. MOTHER'S MAIDEN NAME		1
		LEO SM	ERDZINSKI	Ramona Olesi	nski	
15.	Was Deceased	Ever in U. S. Armed For	The state of the s	17 INFORMANT		ADDRESS
		(If yes, give wor or dote		Mr. Leo Bednars	短,40至高	Clement St
	1B. 33	XI	CAUSE	OF DEATH		INTERVAL BETW
		OR CONDITION DIE	RECTLY			
		LEADING TO DEATH	dying, e.g., (A)	e-erebrovascul	lor o-corgen	i one a
	heart failure,	aslhenio, elc. Il means	the disease,			
	rulnth or cami	plication which caused	death.)	1 . 0 -	1 0 1	
		OCCUPATION AND SERVICE OF		Scherosis / Cere	was vessel	s mann
		NTECEDENT CAUSES	DUE TO	sacrosis of care	has versel	s many
	DISEASES O	R CONDITIONS, if	any, giving	Schoosis of cere	hal Wisel	s many
	DISEASES O		any, giving	Hyp etension	has wisd	s Many
	DISEASES O	R CONDITIONS, if abave couse (A) CONDITION lost.	any, giving slating like (C)	1typ etension	LOV WISH	s Many
NOI	DISEASES O rise to the UNDERLYING OTHER SIGNIF TO THE DE	R CONDITIONS, if obove couse (A) CONDITION lost.	any, giving slaling lhe (C)	1typ etension	LOW WISH	s Many
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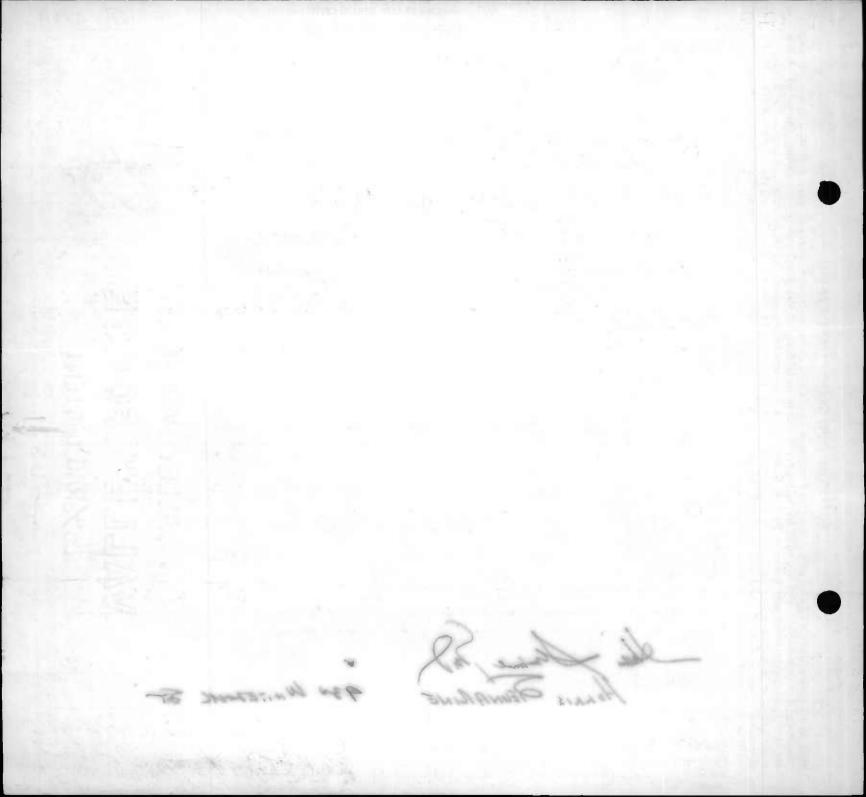
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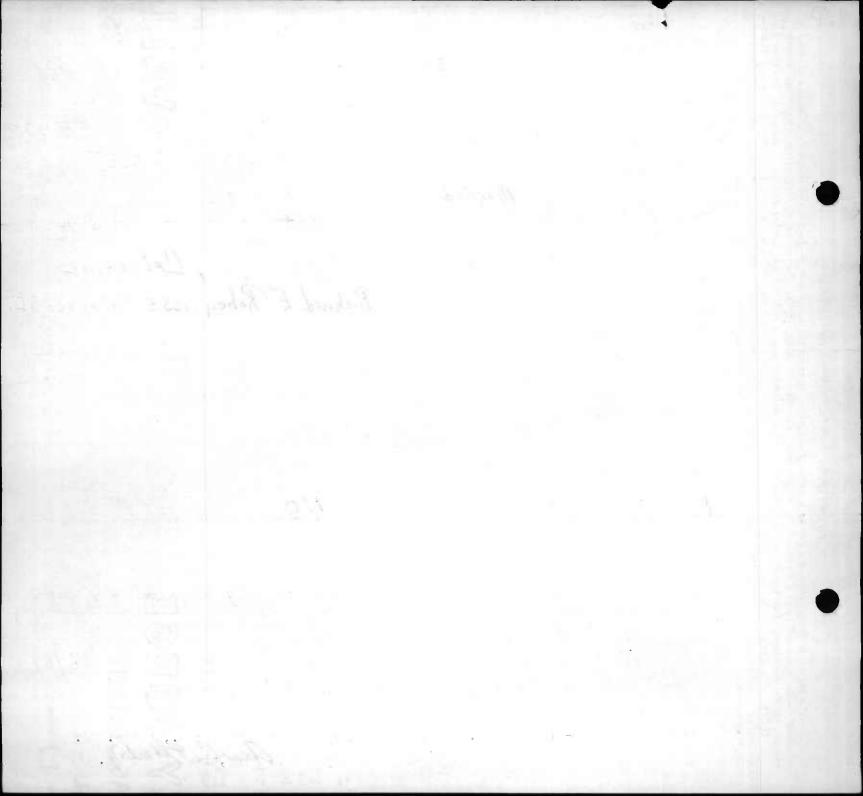
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I'll Richard Har

00 4040	BALTIMORE CITY	HEALTH DEPARTMENT		67 4940
BIRTH NO. 67 4218	CERTIFICA	TE OF DEATH	Registered No.	67 4218
N.E. CASE NO. 1. NAME OF DECEASED		2. DATE ANI	HOUR OF DEATH	. 1 1
(Type or Print) //Right. Data	I'A K	4/27	167	942 Pm
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	16/		deceased lived. If inst	itution: residence belore odmission)
		A. STATE B. COUNT		Il mobilion
FULL NAME OF (If not in hospital or institution, oddress or location)	give street	21 6	cey som	11/1/200
INSTITUTION	al Norsing	C, CITY OR TOWN (If outs	side city limits, write RL	JRAL and give township)
A Lincoln Memori		13 alline	re o	178-00
10 27 71. CARC.	V 54 1700	D. STREET ADDRESS (If	urol, give location)	
BALTIMONE, MIC	/	2/71 4	ally SI	uet
S. SEX 6. RACE 7. MARRIED,	, NEVER MARRIED D, DIVORCED (spacify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MAR Negro Wx		1/19/02	6.5	
DA. USUAL OCCUPATION (Git kind of work 108, KIND OI		11. BIRTHPLACE (State of foreign	gn country)	12. CITIZEN OF
done during most of working life, even if retired)	A 0			WHAT COUNTRY?
unproved let	ued	Myrouse		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	
Unknowned		lengrow	W .	
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT) .	ADDRESS
Yes, no or unknown) (II yes, give wor or dotes of service)	SECURITY NO.	Timala My	mount fle	ising Hope
Supproven	Lucyour	217 100	elly Street	L Best moud
18.5 2 7, 2	CAUSE O	FDEATH	1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1 - 1	- 1	ONSE! AND DEATH
LEADING TO DEATH	(A) AC	ute pulmon	BAY Edmin	
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DOLIO	/		
injury or camplication which caused death.)				100
ANTECEDENT CAUSES	DUE TO		******************************	
DISEASES OR CONDITIONS, if any, giving				
rise to the above cause (A) stating the				
UNDERLYING CONDITION last.				
_				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	L PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
▼ DEATH (natify medical examiner) etc.		ince blogs, INJURI OCCOR:		
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJU	INV OCCIIN?	
S OF INJURY	nile At Not While		JKT OCCOR.	
(APPROX.)				,
22. I certify that (I) (this hospital) attended t	he deceased from	12/15 1	966 10 4	127 1967
that (1) (we) last sow the deceosed alive an	11/	/	- / /	ian death accurred an the dat
	1/0		ii iii(iiiy) (ooi) apiiii	ion dearn accorred an the da
ond haur and from the couses stated above. (1) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE	20		_	23B. DATE SIGNED
- Willis Smhoul	M.D. Alle	nding Med. Director	Stoff Phys.	4/27/67
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		11-11-1
Ha CEL	101.15 M.D.	930 Wx -	EZULL ST	_ `
24A. BURIAL CREMATION, 248. DATE 24C.N	MILIME			
Colored to the colore	AME of CEMETERY OF CRE	11	SATION	, town, or county) (Stote)
Busine 42867 7	nh pal	wery lo	Jackma	o property
25A. DATE REC'O EL HEALTH DE C 25B. NAME	OF REGISTRAN	25C FUNERAL DIRECTOR	, , ,	ADDRESS
- 1301 YELFELD	, E. Janky MA	110 40	1 3 7 -7	no Common
VS 150 BEV 1/1/45	5 / 6,1	- purchase	100	the Comment
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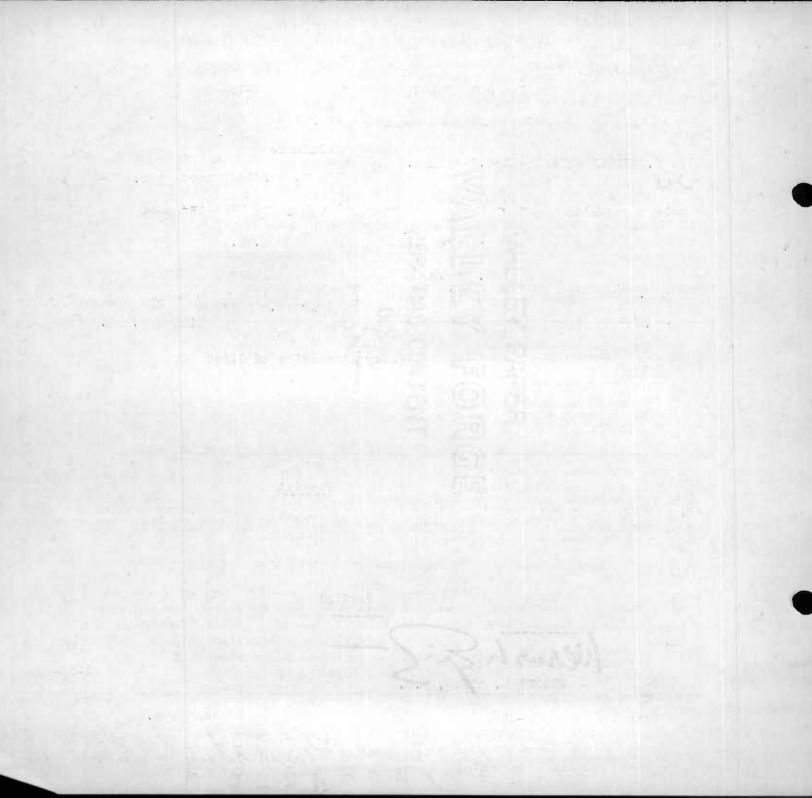


1		BALTIMORE CITY	HEALTH DEPARTMENT		
		H NO. 67 4219 CERTIFICA	TE OF DEATH	Registered No.	67 4219
	1. N	AME OF DECEASED ROBEY FRANCES E	2. DATE AND	HOUR OF DEATH	7, 300
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	decrosed lived If instituting	on: residence before admission)
		ULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) NSTITUTION	C. CITY OR TOWN (If outs	ide city limits, write RURAI	L ond give township)
3	21	JNIVERSITY HUSPITAL	D. STREET ADDRESS O. (If ro	oral, give location)	23.02
de.	J		1453 ATA	HSCO ST	REET
made.	5. S	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		ast bighday) Mot	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
tion is		USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY adving may all working life, even if retired)	11. BIRTHPLACE (State or foreig	n country) 12.	CITIZEN OF WHAT COUNTRY?
disposition	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	COT Not	than .
al dis		Mas Deceased Ever in U. S. Armed Forces? ,,no or unknown) (II yes, give war or dotes of service) SECURITY NO.	17. INFORMANT	DI LAL	ADDRESS
r final		18.24 / CAUSE OF	Richard K 1	Tobey , 1453	PALADSCO SE.
o pe		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	at and a tour	Shork &	ONSET AND DEATH
balmed		(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	Renal Shut	down Mly	12 ms,
e E		ANTECEDENT CAUSES (B)	that balva,	Replacement	4
s are		DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.			
air	_	11			
the remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
e the	CERTIFIC	199. CONDITION FOR WHICH OPERATION WAS PERFORMED HEART distance	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
before	_	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, factory, street, off DEATH (notify medical examinet)	or about 21C. WHERE DID ince bldg., INJURY OCCUR?	(If in Boltimore City	, give exact locotion)
ained		21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not While	21F. HOW DID INJU	IRY OCCUR?	
btai		22. I certify that (I) (this hospital) attended the deceased from	4-23-	967 to 4	- 28 1967.
pe o		that (1) (we) lost saw the deceased alive on $4-28$	/ _	(death accurred on the date
must		ond haur and from the couses stated above. (1) (We) (did) (did not) v	iew the bady ofter deoth.	122	DATE SIGNED
al B		- 0 100	nding Med.	Staff Phys.	4/28/67
approve		23C. PHYSICIAN'S B. N. IRANI M.D.	UNIVERSI	TY Hospi	TAL
	24A	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City, to	wn, or county) (State)
ter	0.7	Burial 5-1-67 Balto. National C	emetery Fred	erick Ave. B	alto. Md.
written	25A	MAY 1 1967 PLOS & Labourn	Flynn & Elen	1 700	ADDRESS
l.	-	THE TOUR DURCH TO THE TOUR THE	0 4 9 9 7		



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

DIKI	H NO.	MILUI	CALLY	MINITALKO	LKIIIICA	ILOID	LA III Kegisi		
	CASE NO.								
	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUN	CED DEAD	
		BILI	Y JOE	BRAGG		4-15-	-67		M.
	L NAME OF	(IF NOT IN HOSPITA			Marylan	ıd			e before odmission)
HO	SPITAL OR	(IF NOT IN HOSPITA ADDRESS OR LOCA	TION)		Baltimo		corporate limits, wr	ite KUKAL ond g	10-01
70	4 E. BI	DDLE STREET -	Apt.1-	Α	D. STREET ADD	RESS (If rural, g	give location)	-	
0	0				704 E.	Biddle S	Street Ap	t • #1-A	
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years	s If Under 1	Yr. If Under 24 Hrs.
	lale	White JPATION (Give kind of work	Si	DIVORCED (specify)	4/10-	State of foreign	3年- 1034		
		vorking life, even if retired) Labor	1	ach Mill	DIKITITE ACE	W.Va.	COOMITY/		OUNTRY?
13, [ATHER'S NAM	Herber	t F. B	rapp	14. MOTHER'S M	Laura	Crowfor	d	
15, 1	WAS DECEASE	D EVER IN U.S. ARMED		16, SOCIAL	17. INFORMANT	200000		ADDRESS	
		(If yes, give wor or date		SECURITY NO.	Laura	M. Crowi	ord 21	3 Pleasan	at, AVE
	1B	10		CAUS	E OF DEATH		Hinton	1114	TERVAL BETWEEN
	DISTA	F OR CONDITION DU	NECT! W					01	ISET AND DEATH
	DISEAS	LEADING TO DEATH	RECILY	Fatty	alteratio	n of liv	rer	11 12 13	
	(This does n	ot meon the mode of asthenia, etc. It means	dying, e.g.,	DUE TO				******	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	injury or car	mplication which caused	deoth.)						
	Α.	NTECEDENT CAUSES							
		OR CONDITIONS, IF A		(B)			****************		
	RISE TO TH	E ABOVE CAUSE (A) ST	ATING THE	501.10					
z	ONDERLIN	G CONDITION LAST.		(C)					~~~~
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Y		VIFICANT CONDITIONS							
CERTIFICATION		DEATH BUT NOT REL R CONDITION CAUSING		1E	Partia	.1			
RT		OPERATION 198, CON		VHICH OPERATION		(Yes or No) 2	OB. IF YES, WERE		
Ö	2	WAS PERI	ORMED		Voc	11	N CERTIFYING CAL		1?
AL		L CAUSE WAS	21 B. I	PLACE OF INJURY (e.g.,	in or obout 21C. V	WHERE DID (II			on)
		OR CONTRIB- SE OF DEATH.	home, etc.)	(orm, foctory, street,	office bldg., INJUR	Y OCCUR?			
	21D TIME	(Month) (Doy) (Year	(Haur) 2	E. INJURY OCCURRED	21 F. H	OW DID INJUR	RY OCCUR?		
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			-, (CHIEF M	EDICAL EXA	MINER		
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	SIGNAT		101.6	M. C				/1.	-16-67
	EXAMIN NAME (3	Type) WERNER	U. SPA	TZ, M.D.	ASSOCIATE N	AEDICAL EX	AMINER	4	-10-07
	BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	or CREMATORY	23D. LO	CATION (Cit	ty, town, or coun	ty) (State)
REA	AOVAL (Specify					Hin	nton W Va.		
	Buria				le de la companya de				A-11
244	. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C, EUNER	AL DIRECTOR	1 181	4 24.36	St.
		MAY 1 1967	Robert	5 E, Janky M	Tro	nh Xx	Leitz B	allimor	e Md
VS	151-REV. 1/1/	65	1 9	0/00	0 4 2	2 8	0		/



FUNERAL DIRECTOR: IMPORTANT

4	BALTIMORE CIT	Y HEALTH DEPARTMENT		OM 4004
BI	EL CASE NO. 67 4221 CERTIFICA	ATE OF DEATH	Registered No.	67 4221
(Ť	NAME OF DECEASED PLACE OF DEATH IN BALTIMORE MARYLAND PLACE OF DEATH IN BALTIMORE MARYLAND	27 A	PRIC. 67	124 A M
7	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	A. STATE 8. COUNTY MARYL JAND, C. CITY OR TOWN (If outsidenty) BALD M. DR. I	e city limits, write RURA	AL and give township)
1	LAINDME NURSING HOME.	D. STREET ADDRESS (If ruo		
	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOW	8-13-56 os	77	Under 1 Yr. , If Under 24 Hrs. onths Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' negliging producting life, even if refired) OFFICE STEEL FATHER'S NAME	RUSSIA 14. MOTHER'S MAIDEN NAME	country) 12	AMURICA
3	JOSEPH GOLDSTEIN	REBECCA K	ANTOR	
15 (Y	. Was Deceased Ever in U. S. Armed Forces? ss, no or ynknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 218-05-0421A	17. INFORMANT LEUNDALIS	Record	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MONARY CAR		Hours Hours
	(This does not mean the mode of dying, e.g., healt laiture, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES	om BOPILEBIA		DIF MONTH
	DISEASES OR CONDITIONS, if ony, giving lise to the obove couse (A) stoting the Lawrence DE UNDERLYING CONDITION lost.	vale		
MOITA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	PREMORPHAGE TEMPHYSUMA	+FIBRAS	ONE MONTH
/ DISITOS		20 A. AUTOPSY? (Yes or Not)	OB. IF YES, WERE FINE N CERTIFYING CAUSES	DINGS CONSIDERED
I V	D 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore Cit	y, give exact location)
AAEDI			Y OCCUR?	7 / 1
	22. I certify that (1) (this hospital) opended the deceased from that (1) (we) lost sow the deceased alive on ARILL. B	7 19 67 ond that	in (my) (our) opinion	deoth occurred on the dot
	23A. SIGNATURE M.D. AI Ph	tending Med. Sta		27 ARRIG 67
	23C. PHYSICIAN'S NAME (THE CHASE CEIN M.D	23D. APPRESS	pim of	Barnmons
	A. BURIAL CREMATION, REMOVAL Specify) 248. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOC	ATION (City, 1	own, for county) (State)
25	BURIAL 4/28/67 SHAARET ZION A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RECISTRAR MAY 1 1967 Police & Facility MA	25C. FUNERAL DIRECTOR	LTIMORE, MARY	ADDRESS
IL	150-REV. 1/1/65	SOL LEVINSON &	RKOS.INC.,	6010 REIST., RD.

HARANE

THE PERSON

VS 150-REV. 1/1/65

0		BALTIMORE CITY HEALTH DEPARTMENT	67 4222
2	BIRTH NO. 67 4222	CERTIFICATE OF DEATH Registered No.	67 4222
	M.E. CASE NO. 1. NAME OF DECEASED	1 2. DATE AND HOUR OF DEATH	0 30
	(Type or Print) EDITHE L. 1	VORMAN 4-25-67	1230 PM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE B. COUNTY	residence belore odmission)
	FULL NAME OF (If not in hospital or institution, g HOSPITAL OR address or location)	C. CITY OF TOWN III outside city limits, write RURAL	and give tawnship)
	99	D. STREET ADDRESS (If rurol, give locotion)	28-64
6	andersen Nursing	Home 4416 Old Freder	ich Red
made	5. SEX 6. RACE 7. MARRIED. WIDOWED	NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Month	der 1 Yr. If Under 24 Hrs. Doys Hours Min.
.8	10A. USUAL, OCCUPATION (Give kind of work 10B. KIND OF		ITIZEN OF
disposition	dane during most of warking life, even if retired)	Thomas Mid:	HAT COUNTRY?
osi	13. FAITHER'S NAME	14. MOTHER'S MAIDEN NAME	
disp	Herre Hat	lon Mary Hames	
final	15. Was Deceased Ever in (5. Armed Farces? (Yes, no granknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
Ę.	18, 7 5-2 77	CAUSE OF DEATH	INTERVAL BETWEEN
o F	DISEASE OF CONDITION DIRECTLY	CACSE OF BEATA	ONSET AND DEATH
med	LEADING TO DEATH	(A) Cardiac Factors	
embalmed	(This daes not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	
E	ANTECEDENT CAUSES	(B)	
are	DISEASES OR CONDITIONS, if any, giving		
	rise la lhe above couse (A) slaling lhe UNDERLYING CONDITION last.	(C)	
nai	II II		
Je l	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
efore the remains	19A. DATE OF OPERATION 19B. CONDITION FOR V	WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S CONSIDERED F DEATH?
ore	OP CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City. e, form, foctory, street, office bldg., INJURY OCCUR?	give exact location)
٩	DEATH (notify medical examiner) etc.)		
ained	S OF INJURY	INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
btai	(APPROX)	k	
0	22. I certify that (I) (this hospital) attended the that (I) (we) lost saw the deceased alive on	1 2	1967
t be		April 196 and that in (my) (our) apinian do) (Wa) (did) (did a) view the bady ofter death.	ath occurred an the dote
must	23A. SIGNATURE		ATE SIGNED
=	Frozz & Shannon	M.D. Attending Med. Stoff Phys.	26,1967
70V	23C. PHYSICIAN'S NAME (Type)	HANNON, M.D. 4/2 medical tots Building	
approval	O DO ROD		9
u C	RIMOVAL (Specify	AME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town	, or county) (Stote)
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	OF REGISTRAR 25C. POPERAL DIRECTOR	ADDRESS
3	MAY 1 1967 (2 0 0	& France Tobet & Samue	Source Ry
1	VS 150-REV. 1/1/65		1 2.11

Comments and from the first the second of th the state of the s SERVER E STARRETT TO MAN of Starling

(4) Undetermined cause; (5) Deceased

any

fracture of

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Body

any nature; (2)

accident of

An

shows:

he body was released

to the hospital

approved

medical

ō

contributing cause

of death

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH on the h. Such M.E. CASE NO.

1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH eath. 3. PLACE OF DEATH IN auce FULL NAME OF (If not in hospital or institution, give street 0 v HOSPITAL OR outside city ond give townshipt attend 0 prior regular mad 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. deceased bighdo WIDOWED, DIVORCED (specify) lost OR INDUSTR KIND OF BUSINESS BIRTH 12. CITIZEN OF disposition WHAT/COUNTRY? 2 DIGAT / JIM OIS the 3 death LO 15. Was Deceased Ever in U. S. (Yes, no onugknown! (If yes, give 5. Armed Forces 6. SOCIAL 7. INFORMAN final wor or dates of service! SECURITY NO ance pronounced IR. OE. DEA 9 INTERVAL BETWEEN attend ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the mode of dying, e.g., 5 heart failure, osthenio, etc. It meons the diseose, injury or complication which coused death.) me gu ANTECEDENT CAUSES who 10 are DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stating the 2 physician remains UNDERLYING CONDITION lost. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION the WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact tocation) where OR CONTRIBUTING CAUSE OF °Z MEDICAL DEATH (notify medical examiner obtained 21 D. TIME OF INJURY 9 (Month) (Doyl (Year) (Hourl 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except While At Not While APPROXI Work At Work and 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an pe and that in (my) (aur) apinian death accurred an the date death) hospital and hour and fram the couses stated above. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff 0 approval Phys. Director ō 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior ₽ M.D. wds D.O.A. deceased paritten ap 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) NAME OF REGISTRAR ADDRESS VS 150-REV. 1/1/65

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(Stote)

2015 W Selvedere Signal Maintainer P. R. R. Daniel Tracey TY-5/42/1 Min Mad Manta and Late Contest Total Burnel Mayh MeThing le Frank Lesse las Lige El and Muli

	BALTIMORE CIT	Y HEALTH DEPARTMENT	\ /	CM 4004
BIRTH NO. 67 4224 M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	01 4224
I MANAG OF DECENTED		2. DATE A	NO HOUR OF DEATH	
(Type or Print) / IF BECK	CARI HEL	1P4 a/	27/67	13:35 P
Type of Print) L/EBECK 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	CALL MEN	12 4 USUAL RESIDENCE WHO	ere deceased lived. If i	nstitution: residence before admissi
TEACE OF DESTITION OF MARIENTE		A. STATE B. COU	NIY	h 000
FULL NAME OF (If not in hospital or institu	tion, give street	MARGLAN.D)	Balloco
HOSPITAL OR oddress or location)		C. CITY OR TOWN (IF or	utside city fimits, write	RURAL and give township)
INSTITUTION		BALTIM	CRE	53-00
6-		D. STREET ADDRESS (III	rural, give lacation)	
FRANKLIN SQUA	DE LIOSO.			DA LANSTON
7101114102114 89 9717	20 /10 4/	3210 Ke.	SETIE 1	4).
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Mir
es h) with	OWED, DIVORCED (specify)	2/10/1900	last birthdoy)	Willing Coys Hours
DA. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OF INDUSTRY	1 ' / ' /	6/	12. CITIZEN OF
one during mast of warking life, even if retired)	D OF BOSHIESS OK INDOSIK	THE BIRTH PACE (Side of for	ergii cooniiy/	WHAT COUNTRY?
RETIRED -		MARGLAN		USA
3. FATHER'S NAME				
		Marie Lemme	rt	
Carl Liebock		HAILIH 11.		
. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no grynknown) (If yes, give war ar dates of serv	rice) SECURITY NO.		m / 110000	
U. S. Army	213-10-26191	CATHERIN	E CIEBE	1 HAYE
18. // 2 %	CAUSE	OF DEATH		INTERVAL BETWEEN
160/			1.0	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CA, LUNGS GENET	16/17/1	
(This does not mean the made of dying,	e.g., DUE TO	711 001043	///	100 pp. 100 pp
heart failure, asthenia, etc. It means the disc	ease,	GURAGO	A111200	Property and it
injury or camplication which caused death.)		acice	GALI EP	METAS/AS/
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS IS	DUE TO			
DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating				1
UNDERLYING CONDITION last.	(6/			
11				
Z OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED
WAS PERFORMED	-			= . =
21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltima	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, o	office bldg., INJURY OCCUR?		
	w-todf			
21 D. TIME (Manth) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Not Whi			_
	Wark At Work	1. 1. 22		1-
22. I certify that (I) (this hospital) attend	ded the deceased from	4//2/6/	19 to 9/	196
			//	
that (I) (we) last sow the deceased alive				inion deoth occurred on the
and haur and fram the causes stated above	ve. (1) (We) (did) (did nat)	view the bady after death.	,	
23A. SIGNATURE			-	23 B. DATE SIGNED,
(6 - 2 - 4	M.D. All	tending Med.	Stoff 3	11/2-119
Tyclalist	Ph	ys. Director	Phy s.	4/27/6/
23 C. PHYSICIAN'S		23D. ADDRESS		./
NAME (Type)	(11/2 M.D.	TAVIDIL	50,110	E Maco
MILHAROSA K.	46110	THE	TOVETATO	o post.
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CE		LOCATION	ity, town, or county) (State
Burial 5/1/67	Baltimore Nation	nal Cemetery Ba	altimore, Ma	ryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTO		Wilkens Ave. 2122
MAY 1 1967 122	est E. Jankey MA	Howard H. Hub	poard 410/	WIIKEIIS AVE. 2122
\$ 150-REV. 1/1/65	0 4 7 0 0	0 4 9	7	

FRANKLIN SCHREE LESS. 7.10 RESERTE 10 m THE STATE STATES STATE CH. CHECKS FIRST GENERALIZED LETREBURY Decaring AHERBERIA P. CALL'TO TEAK COIL PERMITE HETE.

			BALTIMORE CITY	HEALTH DEPARTMENT		07 1000
BIRTH NO.	67 422	5	CERTIFICA	TE OF DEATH	Registered Na	67 4225
M.E. CASE NO.						
T. NAME OF DECEAS (Type or Print)		a Leonar	d Albright		il 27, 1967	9:45 P
3. PLACE OF DEATH					here deceased lived, If in	stitution: residence before odmission
FULL NAME OF	(If not in hospitol oddress or tocotio		give street	Pa.		RURAL ond give township)
INSTITUTION	Washin Car			Hanover		V-35
	Health Ser Drive & 3			D. STREET ADDRESS 970 Balt	(If rurol, give tocotion)	
5. SEX 6. R	ACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hr
M	W		n, DIVORCED (specify)	11/6/05	lost bing y	Months Doys Hours Min.
IOA, USUAL OCCUPA		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Shoe fa	etory	Pa.		USA
3. FATHER'S NAME	in Albrigh	4		14. MOTHERS MAIDEN N		
			1-	Annie Bortn	ier,	
5. Was Deceased Eve Yes, no or unknown) (If			16. SOCIAL SECURITY NO.	17. INFORMANT	DUC Hosmital	ADDRESS Dollar Md
	,		176-05-3037		PHS Hospital	, , , , , , , , , , , , , , , , , , , ,
18. 2 0 3 DISEASE O	R CONDITION DI	RECTLY	CAUSE O	DEATH		ONSET AND DEATH
LEA	DING TO DEATH		(/4)	espiratory arr	est	Terminal
heart failure, ast	meon the mode of nenia, etc. It means	the disease,	DUE TO			
	ation which caused		(B)			
	CONDITIONS, if		DUE TO			
	bove couse (A)		(C)	0 #\$40 8 # 8 8 # ###\$44 # # # ## 8 8 8 # # # # # # # # # # #		
ONDERETING C	11					
E TO THE DEAT	ANT CONDITIONS (H BUT NOT RELANDITION CAUSING	ATED TO TH		myeloma with insuffic		2 mos.
19A. DATE OF OP		DITION FOR	WHICH OPERATION		No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT	WAS UNDERLYING	7 21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact lacation)
OR CONTRIBUTIN	G CAUSE OF	hom etc.	e, form, foctory, street, of	ice bldg., INJURY OCCUR		
Ω 21 D. ΠΜΕ (M	onth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY (APPROX.)		Whi	ile At Not While	:		
22. L certify the	t (IV(this basnita		he deceased fram	Apr. 2	19 67 to Apr.	27 167
	t saw the decease					nian death accurred an the da
				iew the bady after deat		assin decoiled dir the do
23A. SIGNATURE	1	700	, , , , , , , , , , , , , , , , , , ,			23B. DATE SIGNED
7	(Magalo	Vahr	M.D. Atte	nding Med. Director	Stoff Phys.	4/28/67
23C.PHYSICIANS NAME (Type)	VNI ON A	A Late		3D. ADDRESS		
	M. Slater,	Surgeon	(R) M.D.			
BEMOVAL (Spec	TION, 248. DATE	24C. N		MATORY 24D	LOCATION (C	ty, town, or county) (State)
Burial	5/1/19	67 ten	~ memorial	Cemelery 1	Hanener,	york Co. Pa
SA. DATE REC'D BY		25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECT	1/	ADDRESS
	1 1967	Color Vi	C. Taken H.O.	Tipton - Eli	ine Funeral H	ome Hampstead, Md.
VS 150-REV. 1/1/65		7.		460	3	

25 NAVE Secret

Allert Allert Sandai

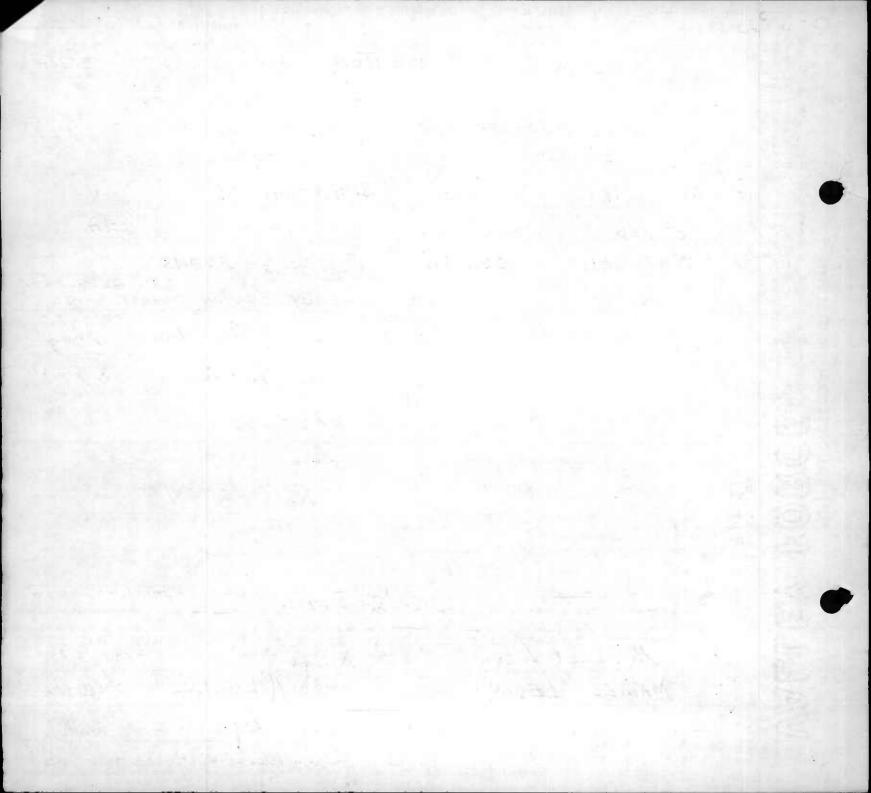
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legia M. Sieter, Lunycon (-)

67 4900	BALTIMORE CITY	HEALTH DEPARTMENT	CMY ACOUNT
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH Registere	
1. NAME OF DECEASED (Type or Print) ARREN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	BEN	2. DATE AND HOUR OF E APRIL- 25- 14. USUAL RESIDENCE (Where deceased live	1967 3 30P N
FULL NAME OF (If not in hospital or institution, g	live street	A. STATE B. COUNTY	C/TY write RURAL and give township)
INSTITUTION 3120 BEEHLEA	RAVE	BALTIMORE D. STREET ADDRESS (If rurol, give located)	
UO BALTO	MD	3170 BEEHLE B. DATE OF BIRTH 9. AGE (In year	R AVE.
WIDOWED	NEVER MARRIED , DIVORCED (specify)	QUET 1 - 1600 lost birthdoy)	rs If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired) RETIRED CONSTR	BUSINESS OR INDUSTRY BLDG	11. BYRTHPLACE (Stote or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	PNS
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. UNKNOWN	JOSEPHINE EVE 17. INFORMANT MRS LUBY BENTON	3720 APPEHLER AV BALTEMO.
18. 420 / I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	repeared Information Des	en 5 years
DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) staling the UNDERLYING CONDITION last.	DUE TO	٨٠٠	
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		200	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.	VHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
	PLACE OF INJURY le.g., in e, form, foctory, street, of	n or obout 21 C. WHERE DID (If in Effice bldg., INJURY OCCUR?	Soltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED le At Not While At Work		
22. I certify that (I) (this hospital) attended the	e deceased fram	get 4 1962 to	aper 25 1967
and haur and from the causes stated abave. (1)			238. DATE SIGNED
Manuel Lein	Phy	ending Med. Stoff Phys. 23D. ADDRESS.	4/25/67
NAMANUEL LEVIN	M.D.	48/8 (lesters	un to Bette the
124A. BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify) 4-28-67 ST	JOHN'S	EMETERY DEAL	ISLAND - MARYLAND
MAY 1 1967 PARE OF THE PROPERTY OF THE PROPERT	E Farley	25C. FUNERAL DIRECTOR LENOY WEBSTER	PRINCESS ANNE MD.



	CM	4000	BALTIMORE CITY	Y HEALTH DEPARTMENT		67 4995
BIRTH NO.	01	4227	CERTIFICA	TE OF DEATH	Registered Na	0/ 4221
M.E. CASE 1. NAME O (Type or Print)	F DECEASED	HUNT.	MAMIE S.	2. DATE AN	D HOUR OF DEATH	167 61301
B. PLACE C	F DEATH IN BA	LTIMORE, MARYLA	ND	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before odmissi
FULL NA	ME OF (If	not in hospital or ins	titution give street	MO. RA	KTIMORE	
HOSPITA	L OR odd	liess or location)	monon, give sneet	1 7		CURAL and give township
4		1 HOJE1	TAI	BALTIN	IORE	13-0
1/2	DINA	1 400 81	/ / / 65	D. STREET ADDRESS (If	rural, give lacation)	2 - 41
79						VE. #11
S. SEX	6. RACE		HARRIED NEVER MARRIED VIDOWED DIVORCED (specify)	12 25/92	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min
			KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or forei	gn country)	12. CITIZEN OF WHAT .COUNTRY?
ione during i	most of working life	, even il renred;	7	1740-		7 (1-A
3. FATHER	S NAME	3	<u> </u>	14. MOTHERS MAIDEN NAM	ME	1,000
		/			7	
5. Was De	ceased Ever in U	. S. Armed Forces?	16. SOCIAL	17. INFORMANT	· /	ADDRESS
Yes, na or ur	nknown) (If yes, g	ive war or dates of	the second secon	WTIHLEST	2/2-1/5	1-11-5-25
1B. 0			- 217-09-140	OF DEATH	3130 KES	INTERVAL BETWEEN
Con	GOX	I NOTION DIRECTI		OF DEATH		ONSET AND DEATH
,		TO DEATH	7'5	entingin 2º 1	Linny Tas	Batech 6 do
		the mode of dyin		4 Decusitus	Trinony Tras	
		etc. It means the which caused deat		1	11.	
		ENT CAUSES	(B) Die	asebes Mel	170,3	20 yrs,
DISEA		DITIONS, if any,	DUE TO	· · · · · · · · · · · · · · · · · · ·		
		couse (A) stati		ASCVO		
UNDE	RLYING CONDI	TION last.				
≥ TO T	HE DEATH B	ONDITIONS CONT	RIBUTING TO THE			
U 19A. DA		ON CAUSING IT.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Na	20B. IF YES. WERE F	FINDINGS CONSIDERED
THE CO		WAS PERFORM	ED	A	IN CERTIFYING CAL	JSES OF DEATH?
OP CO	CCIDENT WAS I	INDERLYING	21B. PLACE OF INJURY (e.g., home, form, factory, street,	in or about 21C. WHERE DID	(If in Baltimore	City, give exact lacation)
DEATH	(notify medical	examiner)	etc.)	mice blag., Majori Occor.		
☐ 21 D. TI	ME (Month)	(Day) (Year) (Ho	our) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJ			While At Not Whi			/ /
22 1		Abia Laa (141) 244		1 4/20/69.	10	4/26/26
			ended the deceased from	10 67	1710	1997
/		the deceased al	' X /		at in (my) (aur) opi	nian death accurred an the o
		e causes stated a	bove. (1) (We) (dist) (did not)	view the bady after death.		1 1
23A. SIC	SNATURE		7) 1	and and	Su-# -	23B. DATE SIGNED
	Home	- (Jr	zen Dield M.D. Att	ending Med. ys. Director	Staff Phys.	7/26/6/
23 C. PH	YSICIAN'S	IMAN G	REENFIELD M.D.	23D. ADDRESS	, HOSPIT	AL
24A. BURIA	L CREMATION,	24B. DALE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (Ci	ty, town, or county) (State
REMO	VAL (Specify)	4/20/10	MT, ZION	1	ALTG, C	0,
25A. DATE	REC'D BY HEAL	TH DEPT. DER	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	701010	ADDRESS
PAIL	48 414		On by E. Farley MA	Red & Pha	were son	enhestrate 4
VS 150 BEV	MAY	1901 (16	No O.C. Marketing	1960	30	,070,00
va IBU=KFV	. 1/1/03	1		7 4 50 20	rs.	

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019 6000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO 0/ 4228	CERTIFICA	TE OF DEATH	Registered Na	15077 17228
M.E. CASE NO. 1. NAME OF DECEASED			AND HOUR OF DEATH	O e Xrenero
(Type or Print) b 1			vil z8th i	8691 820
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	ney	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)
	•	A. STATE B. CO	UNTY	11 / 00
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	, give street	Maryland.	Bel ATV.	HATTING CO.
INSTITUTION		C. CITY OF TOWN (IF	outside city limits, write l	RURAL and give township)
35 Church Home and Ho	en-to	D. STREET ADDRESS	(If rurol, give location)	02-30
20 Charach Lients and Ile	- Cinz	-:) 0	4	
SEX 6. RACE 7. MARRIE	D. NEVER MARRIED	B. DATE OF BIRTH	P, AGE (In years	If Under 1 Yr. If Under 24 Hrs
	ED, DIVORCED (specify)		4 lost highdowl	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Int.		Jan 644190		
DA, USUAL OCCUPATION (Give kind of work 10 B, KIND (one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	Baltimor		12, CITIZEN OF WHAT COUNTRY?
Accountant. Bett	en Kds Corp.	Dam di	e	Smerican
3. FATHER'S NAME		14. MOTHER'S MAIDEN	IAME	1200
Samuel & Manage		Carol A	h.	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Murray	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	A .		ADDRESS
	220-14-8517.	MEONEY, M	Ir. Bertram.	312 Linwood Ave.
18. 4 72 11 7 002.	CAUSEO	F DEATH		BALL PINTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	/	1 0/	21	ONSET AND DEATH
LEADING TO DEATH	(A) CA	ROID - OULA	IUNIAY 31	TOCK)
(This does not mean the mode of dying, e.g. heart foilure, asthenia, etc. It means the diseas				
injury or complication which coused death.)	1/	into I	11/ 11-	
ANTECEDENT CAUSES	(B)	EPPIIC 16	MURE	
DISEASES OR CONDITIONS, if ony, givin	a 1	1	4 0	0
rise to the obove couse (A) stoting th		and duranic div	enticulities of co	lon. I months
UNDERLYING CONDITION Iasl.	with us	aico intestinal +	idula	1
Į II	A)	0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO	THE VINDON	AAU TR		
DISEASE OR CONDITION CAUSING IT.			No) 20B. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR	. /	249. AUTOPSTETIES OF	IN CERTIFYING CAL	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 2	U/OSIZ	a chaut 21 C WHERE DID	Of in Relimen	City, give exoct locotion)
, OR CONTRIBUTING CAUSE OF he	ome, farm, factory, street, of	fice bldg., INJURY OCCUR!	TIT IN BOILINGTE	e city, give exoct loconom
	c.)			
OF INITION	E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
/APPROVI	Vhile At Work	e		
22. I certify that—(1) (this hospital) attended		vil 18th	19 64 to Apr	10 2 Fth 10 64
		1 4	,	
that (1) (we) last saw the deceased alive an				nian death accurred an the dat
and haur and fram the causes stated abave.	(1) (We) (did) (did noi) v	iew the bady after deat	h.	
23A. SIGNATURE				238. DATE SIGNED
Mulsan	M.D. Atte	ending Med. Director	Stoff Phys.	4-28-67
23C. PHYSICIAN'S NAME (Typh)		23D. ADDRESS	. 1	***
A. 1700/ 1805	/ M.D.	(H V/	1	
4A. BURIAL CREMATION, 24B. DATE 24C.1	NAME of CEMETERY OF CRE	MATORY 24D	LOCATION (Ci	ly, town, or county) (State)
REMOVAL (Specify)	oudon Park Ce			
	OF REGISTRAR		Baltimore,	
258, NAME	OF REGISTRAR	Schimune	R Funeral H	ome, Inc.
MAY 1 1967 12 a	by & starlinger	3331 B	rehms Lane	
/S 150-REV. 1/1/65			13	

bet you have weath about a and the Jens in serious not to the world hm you ha - state Smale A. Murray Sheet P. Merring The wast we freeze prose or ore all the first that we had been the at Cakeen with single to week drught large lingle

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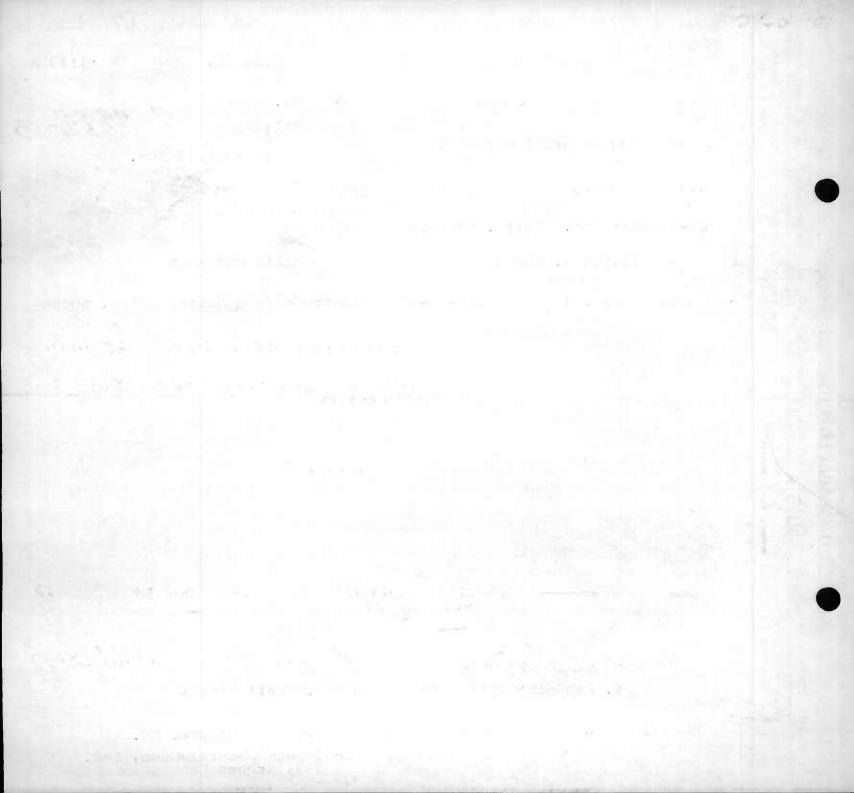
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attendance on the prior to death.

in regular deceased

	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 67 4229 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	67 4229
1. NAME OF DECEASED (Type or Print) OLIVER HAR	RISON BURCH		1 26, 1967	7 11:30 a
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	MICIOCIT BONCII	4. USUAL RESIDENCE (When	e deceased fived. If in-	7 11:30 a
		A. STATE B. COUN		
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	C. CITY OR TOWN (If out		URAL and give township)
. 1 . 1		Balti	more	26-0
44 Union Memorial H	ospital		rurol, give locotion) Mayfield <i>A</i>	Ave.
male white	RIED, NEVER MARRIED DWED, DIVORCED (specify) MATTIED	1/1/1887	9. AGE (In years lost birthday) 80	If Under 1 Yr. If Under 24 Months Doys Hours Mit
DA. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even il retired) ret-Transit Opr. Balt	o. Transit	Huntington Maryland	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	ME	
William R. Burc	h	Sallie	Harrison	
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes W.W. 1	215-09-3700	Gertfude (n	ee Meisel	wife, above
18. 4.20.11		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			,	ONSET AND DEATH
(This does not meen the made of dying,	(A) G	ORONARY 60	Chusian	20 m14
heart failure, osthenia, etc. It means the dise	ose,	RIOSCIEROTIC A		
ANTECEDENT CAUSES	BATE	RIOJCLEROTIC H	EART & HYPE	x 5 y/7
DISEASES OR CONDITIONS, if any, gi	DUE TO 9	ENS ION	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	
rise to the above cause (A) stating		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	******************************	20
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE	4049		
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE F IN CERTIFYING CAL	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Whi Work At Work		URY OCCUR?	
22. I certify that (I) (this hospital) attend	ed the deceased from	6 1, 1	963 to Mar	29 1962
that (I) (we) lost sow the deceased alive	on MAR 29	6.2 19 ond the	of in (my) (gon) opin	nion death occurred on the
ond hour and from the couses stated above				
23A. SIGNATURE	21			23B. DATE SIGNED
Randolph V & het	Levely M.D. All Phy	ending Med. Director	Stoff Phy s.	April 28,67
23C. PHYSICIAN'S NAME (Type) Dr. Randolph	Spitzberg M.D.	338 W. Prat	t Street	7
4A. BURIAL CREMATION, 24B. DATE 24	C.NAME of CEMETERY of CR	EMATORY 24D. LC	CATION (Cit	y, town, or county) (Stot
Burial 4/29/67	Holy Redeeme		altimore,	Md.
MAY 1 1067	BE Q FA. OWNER	Schimunek	Funeral Ho	ome, Inc.

25C. FUNERAL DIRECTOR
Schimunek Funeral Home, Inc.
, 3331 Brehms Lane



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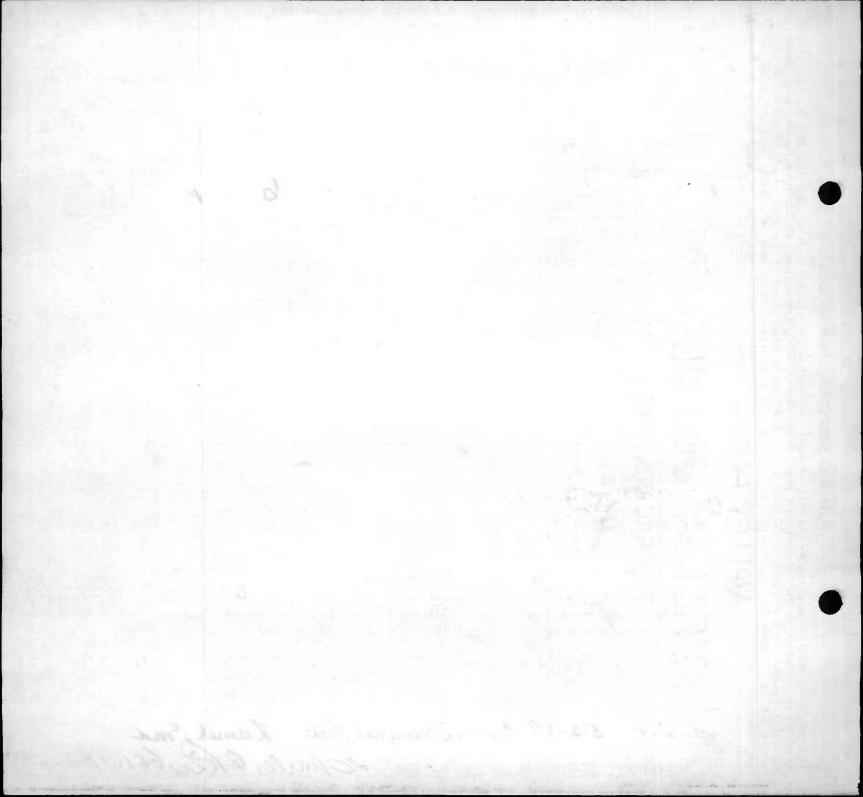
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4/24 12/4

02 1003	BALTIMORE CITY	HEALTH DEPARTMENT		00 4004			
BIRTH NO. 67 4231	CERTIFICA	TE OF DEATH	Registered No.	67 4231			
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH				
(Type of Print) EMMAE, ROBE	ERTS	4-2	28-67	9:20 AM			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If institu	ution: residence before admission)			
FINE MANAGOS (If and in benefit of invitation			LTIMORE	-10-02			
HOSPITAL OR oddiess or location)			C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
INSTITUTION		BALTIMORE, MD. 2/223					
U. OF M.D. HOSPITAL		D. STREET ADDRESS (If surel, give location)					
		2842 W. MULBERRY ST					
		B. DATE OF BIRTH # 9. AGE (In years If Under 1 Yi. , If Under 24 Hi					
	WIDOWED, DIVORCED (specify) MARRIED			Nonths Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country) 1	2. CITIZEN OF			
done during most of working lile, even if retired)		11-6-1	WHAT COUNTRY?				
HOUSEWIFE T		14. MOTHER'S MAIDEN NAM	000770				
IS FATHER'S NAME		_		2 /			
HARVEY PITTS		ESTELL	e shek	PWOOD (DEC.			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
1/0	-	HUSBAND	A = 33	SAME			
18.	CAUSE O			INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH			
LEADING TO DEATH	MBILA	TERAL CARCINO	MA (ADENO)	3 YEARS			
(This does not mean the made of dying, e.g.,	DUE TO	TERAL CARCINO	7 MADE				
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused deoth.)							
ANTECEDENT CAUSES	(B) CHE	ST 4 BONE MI	ETAST ASIS	***************************************			
DISEASES OR CONDITIONS, if any, giving	DUE TO						
rise to the above cause (A) stating the	(C)						
UNDERLYING CONDITION last.							
Z STATE STATE OF THE STATE OF T							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	DINGS CONSIDERED			
2-16-66 - R beast Co	000000	1/0	IN CERTIFYING CAUSE	S OF DEATH?			
U 21A, ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., in	1 of obout 21 C. WHERE DID	(If in Boltimore Ci	ity, give exact location)			
OR CONTRIBUTING CAUSE OF home	, form, foctory, street, o	fice bldg., INJURY OCCUR?		ny, give excellent			
U							
OF INJURY	INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?				
(APPROX.)	e At Not Whil	e					
22. I certify that (I) (this hospital) attended th	e deceosed from	JULY 19	64 to Cu	mil 28, 1967			
that (I) (we) last saw the deceased alive an	april 2		in (my) opinio	n death accurred an the date			
ond hour and from the couses stated above. (1)			()	. death decomed on the gore			
23A. SIGNATURE	(did) (did hot) V	lew the body offer death.	123	B. DATE SIGNED			
00.000 8 11	M.D. Atte	ending Med. S	toff ac				
23 C. PHYSICIAN'S	Phy		hys.	4-28-67			
NAME (Type)		23D. ADDRESS	10				
	M.D.	U. OF MD.	HOSPIT	AL BALTO, MD			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NA	ME of CEMETERY or CRI	MATORY 24D. LO	CATION (City, 1	town, or county) (State)			
Bunal 5-2-01 Ca	wer manies	ral Parks L	aurel, SM	d			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	REGISTRAR	25C, FUNERAL DIRECTOR	0	ADDRESS			
MAY 1 1967, 1000 Pm	J. For Chan	Kohailes	675106	61W Baney			
VS 150-REV. 1/1/65		1 3 0	100	•			

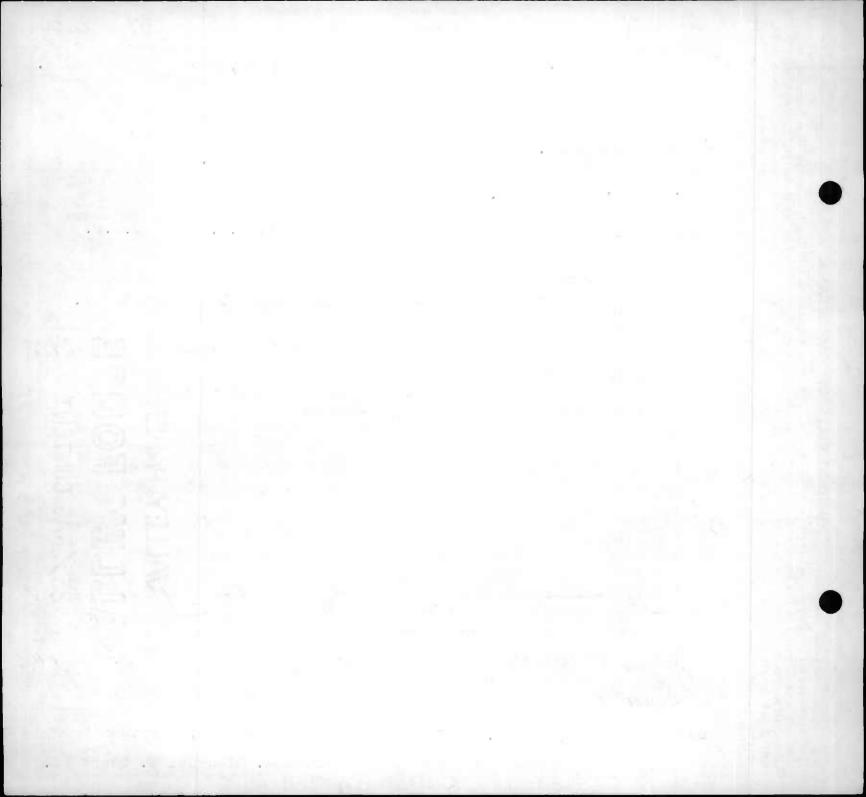


BIRTH NO.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Walter Bundy 1348 Carroll St. ONSEL AND DEATH 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aux) opinion death occurred on the date he body was released 23B. DATE SIENED shows: (1) (State) Lansdown. Maryland SD 25A, DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR A. Rice 661 W. Barre St.

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.



OM 4000	BALTIMORE CITY HEALTH DEPARTM	MENT	67 4233
BIRTH NO. 67 4233 M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	CERTIFICATE OF DEA	TH Registered No.	01 4200
M.E. CASE NO. 1. NAME OF DECEASED	2. [DATE AND HOUR OF DEATH	1.
(Type or Print) LEE, DE/OVES VE	RA	1A 4/30/	67
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDEN	CE (Where deceosed lived. If in B., COUNTY	stitution: residence before admission
FULL NAME OF (If not in hospital or institution, giv	e street Macua	land	2201
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN	(If outside city limits, write	RURAL ond give township)
31 . 1 th	Ball	1K1 ore	
3/Mrs Nopkins Nospita	D. STREET ADDRESS	(If rurol, give location)	
		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
F	DIVORCED (Specify) 9-5-30	O lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working tife, even if retired)	a of		WHAT COUNTRY?
	Ballowis		USA'
13. FATHER'S NAME	14. MOTHER'S MAIL		
John Kelvan	CHRIS:	tine law	15
15. Was Deceased Ever in U. S. Armed Forces? (Yes no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL 17. INFORMANT		ADDRESS
NO	. EKKERGEN	y RN Sheet	
18.44 45 XI	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	malican of	typertenis	1000
(This does not mean the mode of dying, e.g.,	DUE TO		yeur
heort failure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	,	1	
ANTECEDENT CAUSES	(B)	V/J.	
DISEASES OR CONDITIONS, if ony, giving	DUE TO		
rise to the obove cause (A) stoting the UNDERLYING CONDITION lost.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. P	ICH OPERATION 20A. AUTOPSY?	Yes or No. 208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
D 21A ACCIDENT WAS LINDERLYING 1	ACE OF INJURY (e.g., in or obout 21%, WHER	RE DID (If in Boltimor	re City, give exact location)
21.A. ACCIDENT WAS UNDERLYING 21.B. P OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	form, foctory, street, office bldg., INJURY OC	C CU R?	
U	NJURY OCCURRED 21F. HOW	DID INJURY OCCUR?	
♥ OF INJURY While	At Not While		
WORK	At Work	196 2 to	4/20 1967
22. I certify that (I) (this haspital) attended the	1 h (16: 1-10		10
that (1) (we) last saw the deceased alive an			inian death accurred an the da
and haur and fram the causes stated abave (1)	(we ((did) (did nat) view the bady after	r death.	23B, DATE SIGNED
-Till - the " ++	M.D. Attending Med.	Stoff A	
23C. PHYSICIAN'S	Phys. Direc	tor Phys	1
NAME (Type)	tess M.D. The	Tohas L	Jappins Harly &
24A. BURIAL CREMATION, 24B. DATE 24C. NA	AE OL CEMETERY OF CREMATORY	ZAD. LOCATION	town, or county) (Stote)
REMOVAL (Specify)	1 Centruru	Bolt	more md
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF		DIRECTOR	ADDRESS
MAY 1 1967 R.P. B.	E. Farring Chan	Desa Maco	661W Barret
VS 150-PFV 1/1/65		* 100	

May 1 - Post will be mergant Exporter 4 45 601 0212 Es 8 54 gals was 8 July 1/2 1/2-THE HSWAME HEAR The Tohne Happhin Decimal File of Concession Land Equipment Charles a horse Elected

111	CD ADDA		BALTIMORE CITY	HEALTH	DEPARTMENT		67	4234	
MRTH 10.	67 4234		CERTIFICA	TE O	F DEATH	Registered Na	07	4604	
1. NAME OF I		CARROL	L V.			ND HOUR OF DEATH	7	5:25	P
3. PLACE OF	DEATH IN BALTIMORE, M.	ARYLAND		4. USUA	L RESIDENCE (Whe	ere deceosed lived. II ins	titution: resid	dence belore od	mission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)		MARYLAND 21223 c. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE						
	ST. AGNES HOSPITAL								
1 /	& WILKENS			D. STREE		rural, give location) S AVENUE			
5. SEX MALE	6. RACE WHITE		NEVER MARRIED D. DIVORCED (specify)	B. DATE	27-90	9. AGE (In years lost birthdoy) 76	If Under 1 Months D	Yr. If Under	24 Hrs. Min.
10A, USUAL O	CCUPATION (Give kind of wo	KIND OF	RISINESS OF INDUSTRY	11 BIDTL	PLACE (State or fore		12. CITIZEN	OF COUNTRY?	
	t of working life, even if retired) LED Wire Chief	UNKN UNKN	P Telephone Co	MAR	YLAND HER'S MAIDEN NA		U	S A	
	ANK MALLALI	CU					401101	1511	
						(SHAMMEL)			
	sed Ever in U. S. Armed Foown) (II yes, give wor or do		16. SOCIAL SECURITY NO. 212 10 062	17. INFO	CAI	ON & WILKEN ECORDS-ST.	AGNES	S HOSPI	2298 TAI
1B. 4/ 1	-/VI		CAUSE O	FDEATH			IN:	TERVAL BETWE	EN
DIS	EASE OF CONDITION D		Rus	TUR	ED ABDO	MINAL	10	ISET AND DEA	ATH
/This dee	LEADING TO DEATH		(A) A)	NEU	RYSM	0 000 00 00 00 00 00 00 00 00 00 00 00			
heart foils	s not mean the mode a re, osthenia, etc. It mean	s the disease,	ART	ERIO	SCLEROTI	e CARDIO-			
injury at	ANTECEDENT CAUSE		(B) VA3						
DISEASES	OR CONDITIONS, if		DUE TO			***************************************			
rise la	The obave cause (A) ING CONDITION last.		(C)		o=0.=0.00000000000000000000000000000000				
≧ TO THE	II GNIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO TH	3 £						
		NDITION FOR V	WHICH OPERATION	20 A.	UTOPSY? (Yes or N.	ON 208. IF YES, WERE FI	NDINGS CO	ONSIDERED ATH?	
OR CONTI	DENT WAS UNDERLYING [RIBUTING CAUSE OF otify medical examiner)		PLACE OF INJURY (e.g., in e, larm, foctory, street, oli	or obout fice bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give e	exoct locotion)	
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED		21 F. HOW DID IN	JURY OCCUR?			
(APPROX.)		Whi	le At Not While	•					
22. L cort	ify that (1) (this hospita			RII	19	19 67 to APR II	28,	10	67.
	ve) last saw the deceas		ADD II 20	10		nat in (hr) (aur) apin	inn donah	19_	ha data
	and fram the causes sta			: b !	- de - de - de - d	idi midiliyy (dory apin	idii dedin	accurred an 1	ne date
23A. SIGNA	1 - /1	1160 000 46. 46	/ (we) (did) (GIG 1101) V	iew the	oddy differ death.		23B. DATE	IGNED	
	S OSwith		M.D. Atte	nding	Med. Director	Stofl Phys.	04/2	8/67	
23C. PHYSI	CIAN'S E (Type)			3D. ADD		BALT	0.,MD	2122	9
	M REVILLA. N	4D .	M.D.	ST	AGNES HOS	PITAL-CATO		II KENS	AVE
24A. BURIAL	REMATION, 24B. DATE	24C. NA	ME of CEMETERY of CRE				, town, or c	ounty)	(Stote)
Buri	L (Specily)	57	New Cathedra	Com		Relta Ma			
25A. DATE REG	C'D BY HEALTH DEPT.		F REGISTRAR		UNERAL DIRECTO	Balto., Md	•	ADDRESS	
	MAY 1 1967	Ol Crest	E. Stanberger			4101 Edmo	ndson	Ave.	
VS 150-REV. 1.	/1/65	7 7 0	1001	14	2 4 9				

LELLIN, BALLE. ESSILE DATE: N Security of 36 ASISK SAN GERMEN CORRECT CONTROL OF THE STATE OF ARRIVATED COLUMN programme to the second to model insurence

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	2.17		Y HEALTH DEPARTMENT	17 4000
> -	546	BIRTH NO. 67 4235 CERTIFICA	ATE OF DEATH Registered No.	7 4235
	death death seased suck	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	de de con	SEITLER, HARRY E.	APRIL 27, 1967	1:50P M.
	+ + 0 +	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. Il institution:	residence belore odmission)
	SS (S)	FULL NAME OF (If not in hospital or institution, give street	MARYLAND	
	a ho caus ise; (; enda to d	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL	ond give township)
		J/O ST. AGNES HOSPITAL	BALTIMORE	21-07
		40 31. Names 11031 1172	1178 WASHINGTON BLVD 212	30
	tribu mine gula sed mad	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SEPARATED DIVORCE OUT OF THE PROPERTY OF	lost birthday) Month	der 1 Yr. If Under 24 Hrs. s Doys Hours Min.
	re re	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR		ITIZEN OF
	in dec	done during most of working life, even if retired)	BALTIMORE, MARYLAND	J.S.A.
	if dear ect or t) Und was in the de position	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Þ	7. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	CHARLES	LOUISA C. BROWN	China II. I an I an
A	istant he di kind; death ce on nal di	15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Mrs. Grace S. Garrity-1123 Co ST. AGNES HOSPITAL RECORD	address purtney Rd.
IMPORTAN	STADSE	NONE NONE		S
Ō	any ced nda	4/3/	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
N N	C 0 = E 0 D	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CIEDLANDERS PNEUMONIA	2 3
	Als Als attention	II I linis does not mean the made at dying, e.g., DUE TO	2-3 WEEKS	
~	miner or niner. A fracture to prono gular at embalm	heart failure, asthenia, etc. 11 means the disease, injury or camplication which caused death.)		
CTOR	frace garle	ANTECEDENT CAUSES (B)		
2	xami xami () A fr who n reg	DISEASES OR CONDITIONS, if any, giving		
DIRE		rise to the above cause (A) stating the (C)		
0	ical cal ns; (ni cia as	11		
MA	medical physical phys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
FUNERA	chief gan Body the pysicic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED
5	A The Board of the State of the			
Ī	ital by e; (2) here No ph befor	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID and a Baltimore City, solice bldg., INJURY OCCUR?	give exact locotion)
	D C 7 2 D	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	roved he hos ny natu xcept and (6) btaine	(APPROX.) While At Not Who At Work	nite	
	prov the I ny n exce and	22. I certify that (I) (this haspital) attended the deceased fram	MARCH 28 19 67 to APRIL	27 19 67
		that (I) (we) last saw the deceased alive an APRIL 27	19 67 and that in(my) (aur) apinian de	eath accurred an the date
	0 - 0 5	and haur and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.	
	leased to leased to lident of hospital o death)	23A. SIGNATURE		ATE SIGNED
	released accident t a hospit or to dear	Kongrich M.D. A	ttending Med. Stalt X	- 27-67
	9 d d d d d d d d d d d d d d d d d d d	23C PHYSICIAMS	23D. ADDRESS	21229
	certificate moody was reless. (1) An acc D.O.A. at a lassed prior to the approval		ST AGNES HOSP. CATON & WILK	ENS AVES.
	F 70 0 5	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town	, or county) (State)
	iis cerie bod lows: (ows: 0.0)	Burial 5-1-67 Western Cem		
	his ce he boc hows: vas D. eceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Witzke F. D 4101 Edmonds	address on Ave.

VS 1S0-REV, 1/1/65

.....and that in(my) (aur) apinian death accurred an the date er death. 23 B. DATE SIGNED HOSP. CATON & WILKENS AVES. 24D. LOCATION (City, town, or county) Balto., Md. ADDRESS DIRECTOR F. D. - 4101 Edmondson Ave.

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717			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	67 423	6	CERTIFICA	TE OF DEATH	Registered Na.	7 4236
1. NAME OF D	ECEASED				D HOUR OF DEATH	
A LC	nuise Dukehar				28, 1967	N
3. PLACE OF E	DEATH IN BALTIMORE, M.	ARYLAND		A. STATE B. COUNT	e deceased lived. If ins TY	titution: residence before admission
FULL NAME			give street	Maryland		
INSTITUTION				C. CITY OR TOWN (If outs		UKAL and give township)
00	4901 Alson D	hoi wa		D. STREET ADDRESS (If to		000
00	4701 15011 2			4901 Alson	Drive	
5. SEX	6. RACE	Never	NEVER MARRIED D, DIVORCED (specify) Married	July 21 11887	o. AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
	CUPATION (Give kind of wo of working life, even if retired)			11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Retin		Practi	cal Nurse	Penna		
13. FATHER'S N				14. MOTHER'S MAIDEN NAM	A E	
Adar	n J ukehart			Anna		
15. Was Deceas	ed Ever in U. S. Armed Fo wn)(If yes, give war ar do	rces?	16. SOCIAL	17. INFORMANT		ADDRESS
	war in yes, give war ar ac	ies of setates)	218-32-2756	Edward Dukehart	815 Semina	ry Ave 21093
18. 1/	011		CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D		1	,		
/This does	LEADING TO DEATH		(A) 17 C	temyocardin	1 Intention	5 minutes
heart failur	e, osthenio, etc. It meon	s the diseose,	DUE 10	rioscherotic care discore		C/
injury or c	omplication which couse	d death.)	A.Te	ripulent , can	denience la	- Wine.
	ANTECEDENT CAUSE	S	DUE TO	dise	77000300000	
	OR CONDITIONS, if the obave couse (A)					
	NG CONDITION lost.	sioning ine	(C)		mmango o o o mgg o ng o ang mana g man ng g o na	
O OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTIN	G			
DISEASE C	DEATH BUT NOT REL OR CONDITION CAUSING	IT.				
19A. DATE	OF OPERATION 198. CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FI	INDINGS CONSIDERED
MI L						
, OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF hify medical examiner)		e, larm, factory, street, o	in ar about 21C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
21D. TIME	(Manth) (Day) (Year) (Hour) 21£.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY		Wh	ile At Not Whi			
	(1 . (1) (1	Wa				10:133
	fy that (1) (this haspite			_ / _	9 5 /ta	Pil = 21 1963
	•) last saw the deceas		V	, , , , , , , , , , , , , , , , , , , ,	ıt in(my) (our) apin	ian death accurred an the da
		ated abave. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNA	TURE					23 B. DATE SIGNED
Le	man 10	Stel	M.D. Att	ending Med. Director	Staff Phy s.	4/29/67
25C. PHYSIC NAME	(Mpe)	P. h	M.D.	23D. ADDRESS 5 415 Pav	K Heigh	its Due
24A. BURIAL C	REMATION, 24B, DATE	10001	AME of CEMETERY OF CR			
REMOVAL		24C. N				, tawn, ar caunty) (State)
Buri			Andrew			anklin Co. Penna
25A. DATE REC	MAY I 1967	25B. NAME	Talleu MA	Witzke 4101	dmondson Av	re Balto. Md.
VS 150-REV 1/	1/45		7 (7	9 1 9 1 1		

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	1 CM 400M	BALTIMORE CITY	HEALTH DEPARTMENT	CD 4000
1	M NO. 67 4237	CERTIFICA	TE OF DEATH Registered No.	67 4237
1. N	E. CASE NO.		2. DATE AND HOUR OF DEAT	н
(Ty	pe or Print)	1111 = 0 == 1/4=	P 39 1.001 17	
3, 1	SNOUFFER, EVEL PLACE OF DEATH IN BALTIMORE, MARYLAN	ID SPENCE	R 29 APRIL 67	institution: residence before admission)
			A. STATE B. COUNTY	
	FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location)	itution, give street	Md. BALTIMORG. C. CITY OR TOWN (If outside city limits, write	BUDAL
1	NSTITUTION			e KOKAL one give lownship
4	INION MEMORIA	L HOSP.	BALTIMORE D. STREET ADDRESS (If rurol, give location)	0001
16	TO TOTO MEMORIA		5104 GREENWI	CH AUF
5, 5	SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	PT A /	IDOWED, DIVORCED (specify)	12-28-98 lost birthdoyl	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of working life, even if retired)		Maryland	USA
13.	PETIRE D		14. MOTHER'S MAIDEN NAME	UOA
4	VILLIAM T. SP Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of s	UNCER	URSULA SCHUL	Z
5. Ye	Was Deceosed Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or dates of s	ervice) 6. SOCIAL SECURITY NO.	17. INFORMANT Rev. Philip T. Snouff	ADDRESS
		219-28-2525	1415 N. Caroline St.	- 21273
_	18,4,4,2	CAUSE O		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL	Y	2 () (/	ONSET AND DEATH
	LEADING TO DEATH	(0)	Restal Llomosshape	7
	(This does not mean the mode of dying		1	
	heart foilure, asthenia, etc. 11 means the d injury or complication which caused death		1180 117	
	ANTECEDENT CAUSES	(B)	FASCUD	
	DISEASES OR CONDITIONS, if any,	DUE TO .		
	rise to the above cause (A) statis		129	Mille
	UNDERLYING CONDITION 1051.		pe	TX
_	11			
ATION	OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO THE		
	DISEASE OR CONDITION CAUSING IT.		100	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
ERT	MA ASSIDENT WAS INVESTIGATED AND ASSISTANCE OF THE PARTY	1010 BLACE 07	1 1215 1115	
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in Boltim ffice bldg., INJURY OCCUR?	ore City, give exoct locotion)
U				
MEDI	21 D. TME (Month) (Doy) (Year) (Ho		21 F. HOW DID INJURY OCCUR?	
2	(APPROX.)	While At Work Not While At Work		
	22. I certify that (this hospital) atte	anded the deceased from	29 APRIL 1967 to	29 APRIL 1967
	that (t) (we) last sow the deceased all			
				pinian deoth accurred an the dot
	ond haur ond from the causes stated of	pove. (I) (We) (did) (did nat)	riew the body after death.	
	23A. SIGN AT URE	1		23B. DATE SIGNED
	Didney E.K.	willey M.D. Att	s. Med. Stoff Phys.	29 APRIL 67
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
	SIÓNEY E. K	IRKLEY M.D.	THE UNION MEMORIAL H	OSPITAL
24 <i>A</i>	A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR		(City, town, or county) (State)
	REMOVAL (Specify)			
	Burial 5-2-67	New Cathed		
25A	A. DATE REC'D BY HEALTH DEPT. 25B. 1	NAME OF REGISTRAR	Witzke F. D 4101 E	dmondson Ave.
	1007 10 10	BLQ FallwAA	THE COLOR OF THE COL DI	
VS	150-REV. MAY 1 1301 0630		6 4 6	

Chica memoria noing SICH GREENWICH RES 12-2898 68 W WIDOWED 0-21133 WILLIAM T. EPPING URSULA SCHULZ 21 -38-2425 May, Fhilip 1, ampuffur LAIS M. Carelles Dt. - 21213

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23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION,

Burial

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

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/	-				BALTIA	AORE CITY	HEALTH DEP	ARTMENT		OM: 20/2/	
6	BIRTH NO.		57 42	38	CERT	TIFICA	TE OF D	EATH	Registered Na.	67 4238	3
	1. NAME OF	DECEASED		1600	HELEN	A7		2. DATE AN	D HOUR OF DEATH		
	(Type or Prin		MANI		HELEN	ALV	erta		4/29/67		9-30 PM.
	3. PLACE O	PLACE OF DEATH IN BALTIMORE, MARYLAND						B. COUN	e deceosed lived. If TY	institution: residence befo	ore odmission)
	FULL NAME OF (If not in hospital or institution, give street							LAND	,	,	
	HOSPITAL		oddress or local	ion)			C. CITY OR TOWN (If outside city limits, write RURAL and give township)				hin)
1	10, 117	HERAN	J HOST	ITAL	OF MAR	RMATH		MORE	rurol, give locotion)	do	1-03
	LOT	nerm							n Rd Wa	kefield	
3	5. S EX	6. RAC	1	WIDO	WED, DIVORCED	Divorc	B. DATE OF BI	25-18	9. AGE (In years last birthday) 48	II Under 1 Yr. If Months Doys Hou	Under 24 Hrs.
			N (Give kind of w	ork 10B. KIND	OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTS	Y?
2		rical	me, even n remed	.	kins Jewe	lers	MARY	LAND		USE	
5	13. FATHER'S						14. MOTHER'S	MAIDEN NA	AE		
2	Late	- Carr	oll J. A	lirey			Helen G. Amspacher Fillings				
3	15. Wos Dec	eased Ever in	U. S. Armed I	orces?	1 6. SOCIAL SECURITY		17. INFORMAN	M ₁	s. Helen F	illing SDDRESS	-
			. •		214-12-		Ector		1 N. Bradf	5th mi	22/
	18. Luf.	20,	/ 1			CAUSE OF	DEATH	7-	I DI QUI	INTERVAL B	
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0			NDITIONS, i		ing						
2			ve cause (A IDITION last.) sloling	the (C	C)			****	*********************	****************
5			11								THE STATE
	E TO TH	IE DEATH	CONDITIONS BUT NOT RE TION CAUSING	LATED TO							
	ERTIFICATION TO THE TOTAL TOTA	TE OF OPERA		NDITION F	OR WHICH OPERA	TION	20 A. AUTO	PSY? (Yes) or No	20B, IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERE AUSES OF DEATH?	D
	OR CON	CIDENT WA	S UNDERLYING CAUSE OF ol exominer)		21 B. PLACE OF IN home, form, foctor etc.)	IJURY leage, in ry, street, off	or obout 21C. ice bldg., INJU	WHERE DID RY OCCUR?	(If in Baltimo	ore City, give exact loca	tion)
	OF INJU		h) IDoy) IYeo	r) (Hour)	21E. INJURY OCC	URRED	21 F. I	OM DID INI	URY OCCUR?		

While At Not While Work At Work 29 3 - 16 1967 22. I certify that (1) (this hospital) attended the deceosed from 19.6.7 1967 and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above. (I)(We) (did) (did nat) view the body ofter deoth. 23B, DATE SIGNED Attending Phys. Med. Director 23D. ADDRESS STREET ASHBURTON BISWAMATH 730 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stote) New Freedom Cem. New Freedom, Pa. 25B. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR Witzke F. D. -4101 Edmondson Ave.

Biogramm - Dr. montaland ---

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Helder O. Lasjacher Filleren

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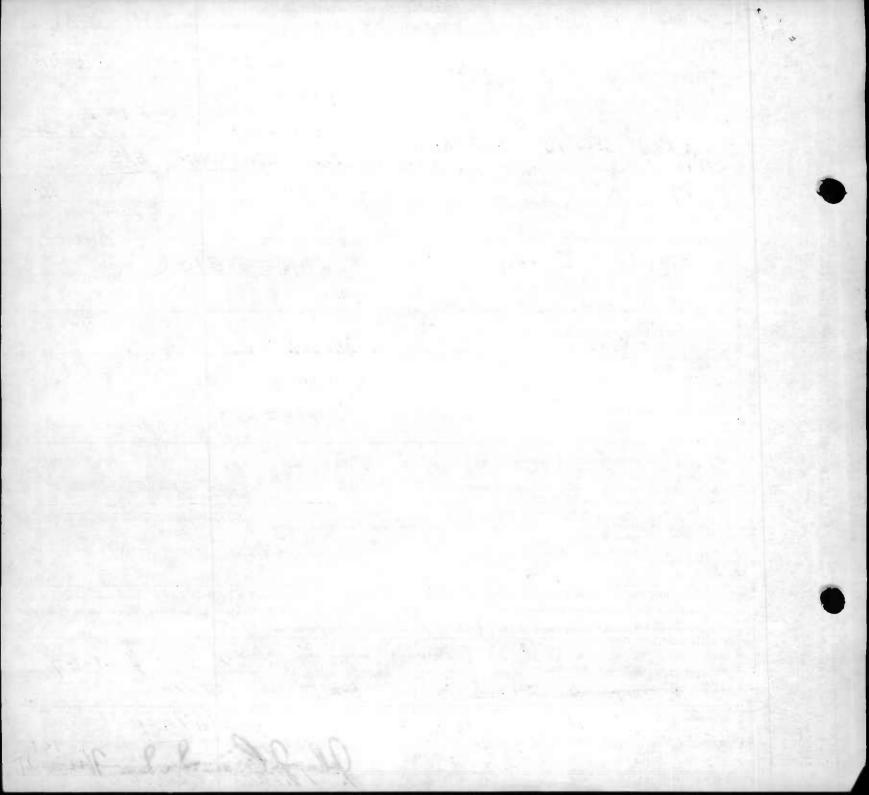
		F1.254	4000	BALTIMORE CITY	HEALTH DEPARTMENT		0m 4000
	TH NO.	67	4239	CERTIFICA	TE OF DEATH	Registered Na	67 4239
1. N	AME OF DEC	EASED			2. DATE A	AND HOUR OF DEATH	
Clys	pe or Print)	AW	SON 1	S AA.C. C	arl 4-	-26-67	9115-PM
3. 1	PLACE OF DEA	TH IN BALT	IMORE, MARYLAND	7/117	4. USUAL RESIDENCE (WI	here deceased lived, If insti JNTY	tution: residence before admission)
1	FULL NAME O HOSPITAL OR NSTITUTION		in haspital ar instit is ar lacation)	ution, give street	C. CITY OF TOWN III	outside city limits, write RU	RAL and give Jawnship)
16	BALT		ORE C.		D. STREET ADDRESS	10 Eastern Ave	nue 21224
4	940 East	ern Av	enue,Balti	more, Maryland	1417 717.	AUISON	AUE -311
5. \$	Male	6. RACE	gro 7. MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) ATTIED	1-16-21.	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCU			ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country	12. CITIZEN OF WHAT COUNTRY?
uoii	Meach.	Dr	0.44	Foctor	Virginia		U.S.A.
13.	FATHER'S NAM	ME	O.	3	14. MOTHER'S MAIDEN N	AME	
	Wm	. I	euro		matti	wade	
			Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	, , , , ,		213-18-076	Records: BCM	-4940 Eastern	Avenue 21224
1	18. 00 a	21/1		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
1	DISEAS	SE OR CON LEADING 1	DITION DIRECTLY	1	10-10-10	Λ.	Manute
			e mode at dying,			7	
			c. It means the di nich caused deoth.		17	1 1	1.0
		ANTECEDEN	T CAUSES	(8)	monay	Jahrans	s year
	DISEASES C	OR CONDIT	IONS, if ony,	giving	U		1
		e above e	couse (A) stating				
		- 1					
ATION	TO THE D	EATH BUT	NOT RELATED T				
ERTIFIC	19A. DATE OF	OPERATION	198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED LES OF DEATH?
CAL CE	21A. ACCIDER OR CONTRIBL DEATH (notify	JTING CA	USE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimore (City, give exact location)
EDIO	21D. TME	(Month) (E	Day) (Year) (Hour	21E, INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
2	(APPROX.)			While At Not While At Work			
	22. I certify	that=(t) (th	is haspital) atter	ded the deceased from	10/7/63	19	26/67 19
	that (I) (we)	last saw t	ne deceased aliv	on 4/26/6)19and		an death accurred an the date
	and haur and	d from the o	auses stated abo	ive. (I) (We) (did) (did not) v	iew the bady after death	1.	
	234. SIGNATU	IRE	12				3B. DATE SIGNED
	400	you	y Jon	M.D. Atte	med. Director	Staff Phys.	4/26/6/
	PAME (T	unal	oseph I. B		23D. ADDRESS 4940 Eastern A	venue,Baltimor	e,Maryland
24	BURFAL CRE	MATION, 24		24C, NAME of CEMETERY of CRE	MATORY 24D.	LOCATION (City,	town, or county) (State)
K	Semoval !	Specify)	5/1/67	mt.aux	run 1	zalto)	red.
25A	. DATE PECIP	T 106	DERT. 25B, N	AME OF REGISTRAR	25C. FUNERAL DIRECTO	OR 1	OI Mi Cullole
L	N.	/ 100	- NIMB	2 Statement	alpuno . all	quien D -1	or or or control of
V.S	150-REV. 7/1/	65			thus a 6		

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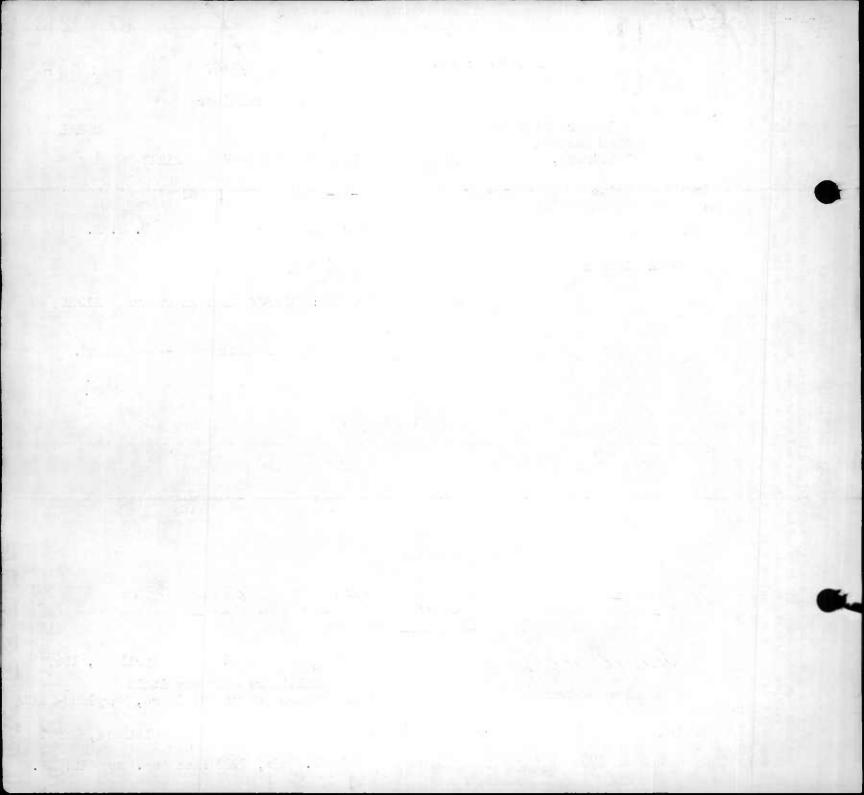
210 00 4044	SALTIMORE CITY I	HEALTH DEPARTMENT		00 40 40
BIRTH NO. 67-08730 4641	CERTIFICAT	E OF DEATH	Registered Na	67 4241
I, NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
(Type or Print) Baley Back Cago	5/-	4-	27-67	10:55 P.M.
3. PLACE OF DEATH IN ALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		titution: residence before admission)
FULL NAME OF (If not in hospital or institution, give stre	et	BALTIMORE	E Ma	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If au	tside city limits, write RI	URAL ond give township)
O BON SECOURS HOSPIT	-	D. STREET ADDRESS (IF	rural, give location)	60-06
34 BEN SECONIS MASKI	71	2118 19	SAR NEXON	AUE
5. SEX 6. RACE 7. MARRIED, NEVER		. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
WIDOWED, DIVO	RCED (specify)	4-27-67	lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE done during most of working life, even if retired)	ESS OR INDUSTRY	1. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done coming most of vorting me, even in terree,		BARYLAN	VD	U.SA.
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME	
EDWARD CAGER		JOYCE	BLANK	
15. Was Deceased Ever in U. S. Armad Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	CIAL TOURITY NO.	7. INFORMANT	2115 EDMONS	ADDRESS
		Mother	CIIS CUMBICA	ON AUG
18. 76/15	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Parkette.		ONSE! AND STAIN
(This does not mean the made of dying, e.g.,	(A) DUE TO	ANDXIA	***************************************	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		790	0.4	
ANTECEDENT CAUSES	(B)	PROLAPIED	LOKO	
DISEASES OR CONDITIONS, if any, giving	DUE TO	PROLAPSED PREMITE	M+710	
tise to the abave cause (A) stating the UNDERLYING CONDITION last.	(C)	11/4/1/00	121 11	
II .				
7				
DISEASE OR CONDITION CAUSING IT.	ORFOATION	20A. AUTOPSY? (Yes or No	I COD IS WES THERE S	DATE CONTRACTOR
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPST? Ties of No	IN CERTIFYING CAU	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Baltimare	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, DEATH (notify medical examiner)	toctory, street, offic	ce bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJUR)	YOCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.) While At	Not While			
22. I certify that (I) (this haspital) attended the dece		4-27	19 6 7 to	19
that (I) (we) last saw the deceased alive an	4-27			ian death accurred an the date
and haur and fram the causes stated above. (1) (We)	(did) (did nat) via			
23A. SIGNATURE	2			23 B. DATE SIGNED
Wellyde G. Thelics	1/2 M.D. Atten	ding Med.	Stoff Phys.	4-27-67
23 C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS	A	,
ALEXIDE A MELOCO	70 N M.D.	BON SELDING	\$ Hosfitte	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CREA	AATORY 24D. L	OCATION (City	y, town, or county) (Stote)
BURIA- 4/28/67 21 /3	the Con		alles in	7
25A. DATE REC'D BY HEALTH DEFT. 258. NAME OF REGI	STRAE	25C. FUNERAL DIRECTO	Kenny,	ADDRESS 904
MAY 1 1967 Oplub E. t	TAXIED FUN	John I	vary Hox	the fillians of
VS 150-REV. 1/1/65	10	19 164 8100	IN O. KON	NYINC



	57. 424	S WED	ICAL EX	(AMINER'S C	ERTIFICATE	OF DEATH Regi	stered Na	4646
	CASE NO. AME OF DECEASES or Print)	ODIUS T	_	W. Nawrocki,	2, 1	4-29-67	NCED DEAD	715 PM
DA.	INTAL OR ITUTION IIII S. E. EX. 6. RA IME INTERPRETATION OUT OF THE PROPERTY OF THE PROPER	F NOT IN HOSPIT DDRESS OR LOCA BONSAL S CE 4/7E DN (Give kind of wor	7. MARRIED, WIDOWED, Sing	NEVER MARRIED DIVORCED (specify) F BUSINESS OR INDUSTRY	A. STATE C. CITY OR TOWN B. STREET ADDRESS B. DATE OF BIRTH Sept. 5- Til. BIRTHPLACE (Stote	(If outside corporate limits, who was a corporate limits and who was a corporate limits an	ors If Under Months	r 1 Yr, If Under 24 Hr. Doys Hours Min. EN OF
3. F	no or unknown) (If ye	haddeus No er in U.S. Armed s, give wor or dote	wrocki Forces?	ferminal Shipp	14. MOTHER'S MAID 17. INFORMANT	a Korzeniewski	ADDRESS	
	DISEASE OR LEAI (This does not me head failure, asthe injury or complicate ANTEC DISEASES OR C	CONDITION DIDING TO DEATHeon the mode of nio, etc. It means ion which coused CEDENT CAUSE ON DITIONS, IF AS ON DITION LAST, ON	dying e.g., the discose, deoth.) S NY, GIVING		rerdose of n	arcoties		INTERVAL BETWEEN ONSET AND DEATH
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	ACTUAL SIGNATURE_ EXAMINER'S NAME (Type)	RUSSELI	Hus	Accident X Suicid	e Hamicide CHIEF MEDI ASSISTANT MED	Undetermined ma		DATE SIGNED
REM	BURIAL CREMATIC OVAL (Specify) Burial DATE REC'D BY H	May 3-	-1967	St. Stanislar OF REGISTRAR	24C. FUNERAL	Baltimore, Ma	A	21224 ADDRESS

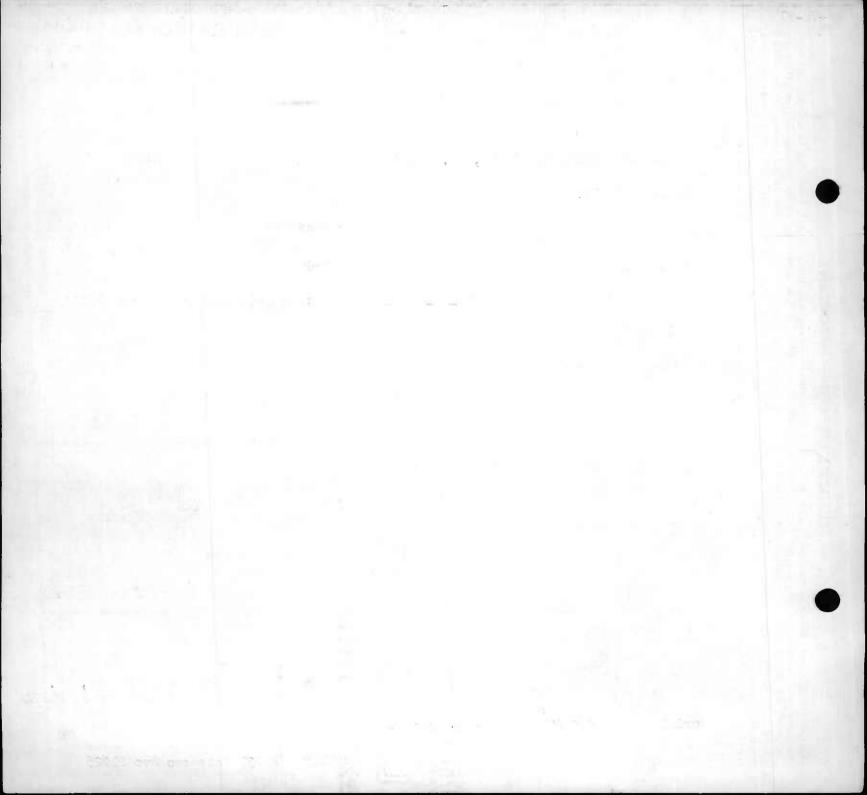
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	ne or Print)	EASED	- W 2	30133		AND HOUR OF DEATH	1
2 1	MARY	MILLER .		Miller	14 HEHAL BESIDENCE (W	28/1967	institution: residence before adm
3.	TEACE OF DE	THE BALLINGER, MA	KILAND		A. STATE B. COL	INTY	institution; residence before gon
	FULL NAME C	F (If not in hospital address or location	or institution,	give street	Maryland	Baltimore (01
i	NOITUTITEN	Baltimore C		mitals		and the second second	RURAL and give township) RURAL
	71	4940 Easter			Dundalk D. STREET ADDRESS	If rural, give location)	RURAL
	51	Baltimore,			1904 Jasmine		1222
5. 5	SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under
F	Temale	White	Wido	D, DIVORCED (specify)	9-19-1884	last birthday)	Manths Days Hours
			108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
don	Housewi	warking life, even if retired)			Maryland		U. S. A.
13.	FATHER'S NA				14. MOTHER'S MAIDEN N	AME	U. D. A.
						-	
15		Wiseman Ever in U. S. Armed For	?	1 6. SOCIAL	Kate Betz		Apparer
		(If yes, give war ar date		SECURITY NO.	10.00		ADDRESS
	No			None	RECORDS:BCH 49	40 Eastern I	
	18.260	X 1		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEA	SE OR CONDITION DIF LEADING TO DEATH	RECTLY	76.57			
	(This does i	nal mean the mode of	dying, e.a	DUE TO	cardial Infar	ction	6hrs.
	heart failure,	asthenia, etc. It means	the disease,				
				(A) ASD	iration Pneum	onia	1 hm
1		ANTECEDENT CAUSES			de de Co V de V de Laboration	- 24 - 10 12 - 14 14 - 14 14	
		ANTECEDENT CAUSES OR CONDITIONS of					1
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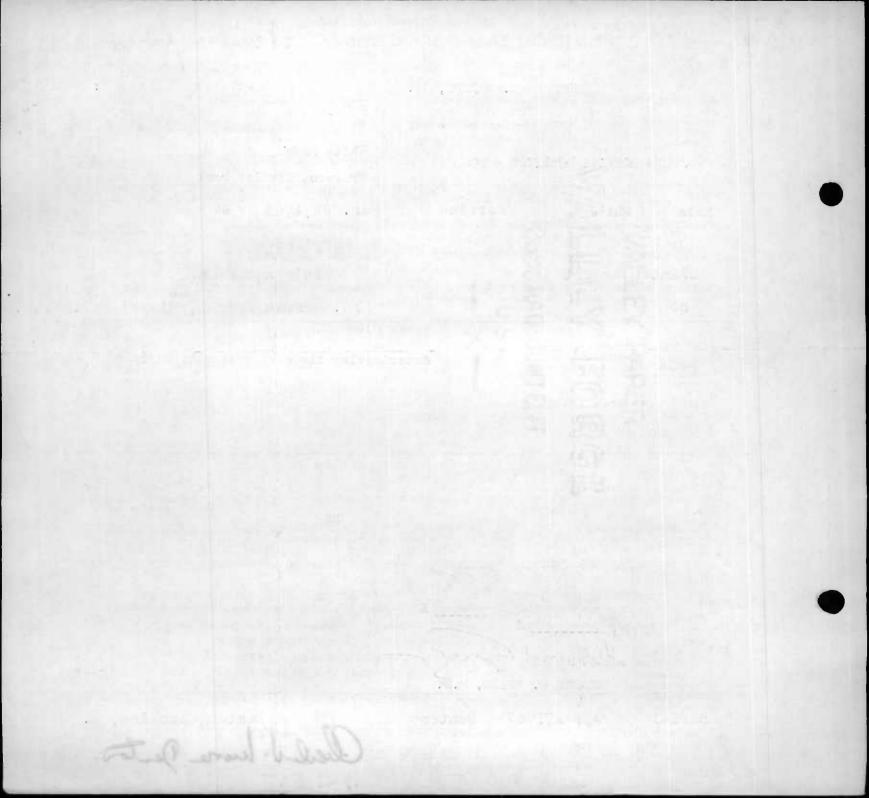
McCully F H 237 Patapaco Ave 21225



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 4245 MEL	DICAL EX	AMINER'S	CERTIFICATE OF	DEATH Registe	red No.67 4245
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)				HOUR PRONOUNC	
NOR 3. PLACE IN BALTIMORE, MARYLAND,		WRIGHT, Sr.	4-24		7:10 PM M.
or read in partitional manually,	William Constitution	NOTE STATE	A. STATE Maryland	B. COL	INTY
FULL NAME OF (IF NOT IN HOSP HOSPITAL OR ADDRESS OR LOC	ITAL OR INSTITU	TON, GIVE STREET	C. CITY OR TOWN (If outside	corporate limits, write	e RURAL and give township)
NOTITUTION			White Marsh		53-00
33 JOHNS HOPKINS HO	SPITAL -	DOA	D. STREET ADDRESS (If rural,	give location)	
134	1 = 1 7 11		Rosewood Trai:	ler Park	
5. SEX 6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male White		rried	Mar. 22,1903	64	
10A. USUAL OCCUPATION (Give kind of w		BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired	17		Maryland		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Clinton Wright	100		Elsie An		
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown), (If yes, give wor or do		16. SOCIAL SECURITY NO.	17. INFORMANT		sewood TrailerPk
no		ALC: ALC:	Mrs. Norman	Wright, Pu	laski Hwy.Balto.
18. 40 0		CAUS	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mode heart foilure, osthenio, etc. It mee injury or complication which couse ANTECEPENT: CAUSE (A) UNDERLYING CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LASS II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DISEASE OR CO	SES ANY, GIVING STATING THE T. IS CONTRIBUTII RELATED TO T NG IT.	HE			
19A, DATE OF OPERATION 19B, CO WAS P	ERFORMED	WHICH OPERATION	NO	208. IF YES, WERE FI IN CERTIFYING CAU	
OF INJURY (APPROX.)	home etc.)	, form, foctory, street, 1E. INJURY OCCURRED VHILE AT I NOT	office bidg., INJURY OCCUR? 21F. HOW DID INJURY WHILE WORK		ive exoct locotion)
22. I certify that I held on	Inquiry 🗌	Inspection X A	utopsy and that an thi	s basis, death in r	my apinion
resulted from: Natural o	auses X	ccident Suici	ide Homicide	Indetermined mann	er _
6100			CHIEF MEDICAL EX		
ACTUAL SIGNATURE	sh-	>~ (-	D. ASSISTANT MEDICAL EX	AMINER X	DATE SIGNED
EXAMINER'S	U. SPIT	1	ASSOCIATE MEDICAL EX		4-25-67
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify) Burial Apr	271967	C. NAME of CEMETERY Denton			oline, Md.
24A. DATE REC'D BY HEALTH DEPT. MAY 1 1967		OF REGISTRAR	24%. FUNERAL DIRECTOR		ADDRESS
VS 151-REV. 1/1/65	1 0	3780	0 4 0 13 13	7	

9670004253



	CIPY AD		BALTIMORE CITY	HEALTH DEPARTMENT		CPY ADAC
BIRTH NO. M.E. CASE NO.	67 42	46	CERTIFICA	TE OF DEATH	Registered No.	67 4246
1. NAME OF DEC (Type or Print)		TIT TO			ND HOUR OF DEATH	
	MARY KOUGIC				4-25-67	
3. PLACE OF DEA	ATH IN BALTIMORE, MA	RTLAND		A. STATE B. COUN		stitution: residence before admission
FULL NAME OF HOSPITAL OR	(If not in hospital oddress or location		give street	Maryland	itside city fimits, write	RURAL and give township)
The Go	uld Conval	eganinr	n	Raltimore		66-0
	elair Road	obar rai	1.4	D. STREET ADDRESS TO (II	rurol, give location)	
OLIO I	orall Hoad			420 Hornel	Street	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr.
Female	White), DIVORCED (specify)	11-30-87	lost birthday)	Months Doys Hours Min.
10A, USUAL OCCI	UPATION (Give kind of world	Wide	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12, CITIZEN OF
done during most of	working lile, even if retired)					WHAT COUNTRY?
Housew	ille	Hous	sewife	Greece		U.S.A.
13. FATHER'S NA				14. MOTHER'S MAIDEN NA	ME	
Dimitr	ios Halkia	S		Sofia Maro	nitis	
15. Was Deceased	Ever in U. S. Armed For	res?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	(II yes, give wor or dote		SECURITY NO.	Mr. John Ko	ນອດນໄis	
No			216-30-9098	3311 Crossl		Raltimore Md
18.	2 XI			F DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY	Hemiple	gia with recurr	ent cerebra	
	LEADING TO DEATH		(A) VASC	cular occlusion		approx.4-1/2 mo
	nal mean the made of asthenia, etc. It means		DUE TO	***************************************		
	plication which caused		Proce	ada maa fu famal	Januaritata	admin desired
	ANTECEDENT CAUSES			denal ulcer, cho		since August
DISEASES	OR CONDITIONS, if	any giving	DUE TOWAL	th cholelithiasi	.5.	1962
	e abave cause (A)		(C)			
UNDERLYIN	G CONDITION last.		***************************************			
	- 11					
OTHER SIGN	FICANT CONDITIONS	ONTRIBUTIN	G			
DISEASE OR	EATH BUT NOT RELA	ATED TO TH	E			
OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
Ennone	WAS PER	FORMED			IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING	21B	PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
▼ DEATH (notify	TING CAUSE OF	hom etc.		office bldg., INJURY OCCUR?		
0		- (
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		Wo	ile At Not Whi			9:45 P.M.
22. L certify	that (I) beingenesson	Cattended t	he deceased from Au	gust 2	19 62 to Apr	11 25 19 67
	lost saw the decease			4 11		
			_			nion death accurred on the da
		ted abave. (I) (We) (did) (did not)	view the bady ofter death.		
23A. SIGNATU	TRE AMAIA	7 0		1		23 B. DATE SIGNED
	01111111	Aven.	M.D. Att	ending Med.	Stoff Phys.	4/27/67
23C. PHYSICIA	INS	Court		23D. ADDRESS	, 51	
NAME (T	ype)		44.0	OTR F Haderous	Ann Baulman	D-14 - W1 07000
	M. B. L		M.D.			Balto.Md,21216
24A. BURIAL CRE REMOVAL (24C. N.	AME of CEMETERY of CR	EMATORY 24D. L	OCATION (C	ty, town, or county) (Stote)
Buris		67 Gre	ek Orthodo	x Cemetery R	altimore,	Md.
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
			the Principle and			
	1AY 1 1967	100 B	S stallenge	Nichotas T.	Marthews	mellinens and
VS 150-REV. 1/1/	MAY 1 1967,	Rolling 5	E, Jaken Me	Nicholas T	tern Ave.,	Baltimore, Md.

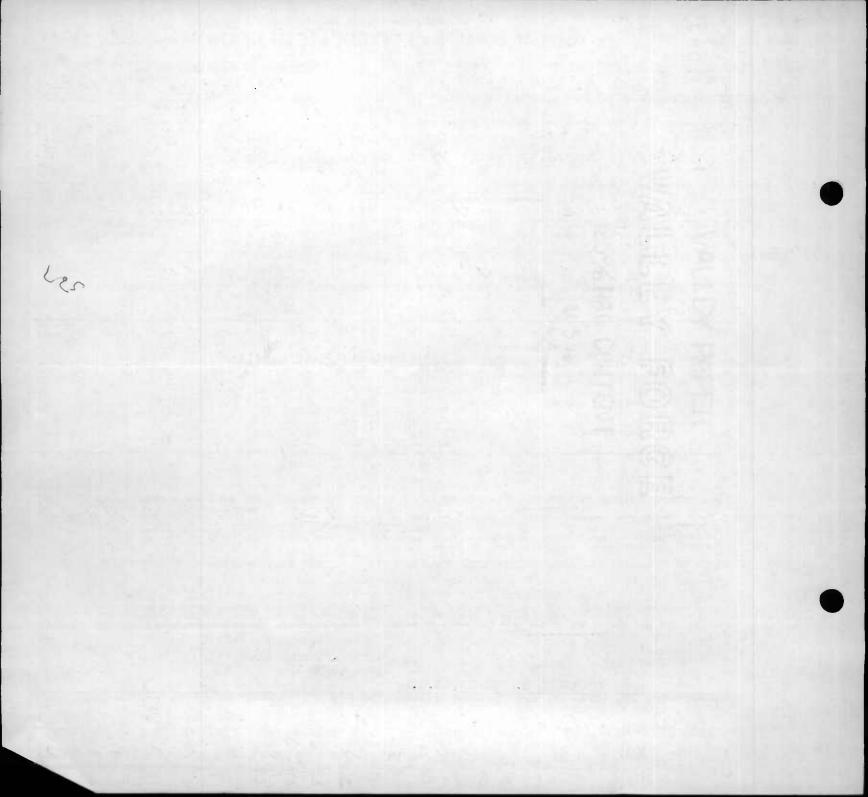
Pire of With tacks. Since Number 1969.

Profes Bil not the province of the control of the

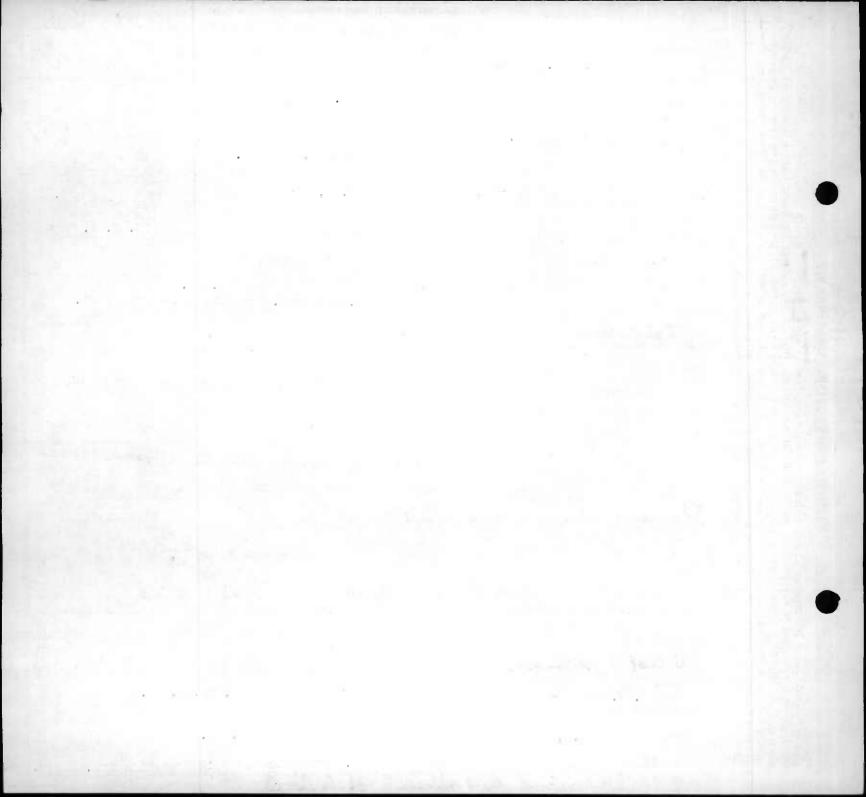
VS 151-REV. 1/1/65

/1	4	A	7
- 4	6	6.4	6

1	67 ASA'7 BALTIMORE CITY HEAL	TH DEDARTMENT	
11 5113	1 0/ 424/	ERTIFICATE OF DEATH Registered N	67 4247
H-543	I. NAME OF DECEASED (Type or Print) MANDAL C 110 Mar. 1	2. DATE AND HOUR PRONOUNCED DE	AD 20
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: A. STATE B. COUNTY	residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURA	L and give township)
	FRANKLIN SQUARE HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)	24-02
	5. SEX 6. RACE 7, MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If U	nder 1 Yr. If Under 24 Hrs.
	FEMALE NATITE WIDOWED, DIVORGED (specify)	4-13-25 lost birthdoys Mon	ths, Doys Hours Min.
	done during most of working life, even if retired)		OTIZEN OF VHAT COUNTRY?
	Eden ARD W. Well	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	RESS
	18. 6 4 8 , 2 , CAUSE	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not make the made of triangles)	niotic fluid embolism	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE		
	UNDERLYING CONDITION LAST.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	
	21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.	in or obout 21C, WHERE DID (If in Boltimore City, give excoffice bldg., INJURY OCCUR?	ct location)
	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
		topsy and that on this bosis, death in my opi	nian
	resulted from: Notural couses X Accident Suicid	Homicide Undetermined monner CHIEF MEDICAL EXAMINER X	DATE SIGNED
To be selected	ACTUAL SIGNATURE EXAMINER'S M.D	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 4-29-67
	NAME (Type) RUSSELL S. FISHER, M.D.		
	REMOVAL (POSETY) 5/3/67 Balto	Mat Salto	ADDRESS
	MAY 1 1967 R. C. R. S. S. Courts	24C. FUNERAL DIRECTOR	ADDRESS Le al



67 4248	BALTIMORE CITY	HEALTH DEPARTMENT		CM AGAG	
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	67 4248	
1. NAME OF DECEASED ((Type of Pant)) Erna M. Pressler		2. DATE	AND HOUR OF DEATH	67 1040 a M.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE ()	Where deceased lived. If in	nstitution: residence before admission)	
FULL NAME OF (If not in hospital or institution, gr	ve sheet	Md.			
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
231 McCurley St.		Baltimore 20-0/			
00		D. STREET ADDRESS 231 McCurle	(If jural, give location) y St.		
5. SEX 6. RACE 7. MARRIED, WIDOWED, WIDOWED, Married	NEVER MARRIED DIVORCED (specify)	Feb.10,1899	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF			foreign country)	12. CITIZEN OF	
done during most of working life, even if retired)		Commonr		U. S. A.	
House Wife		Germany 14. MOTHER'S MAIDEN	NAME	0. 5. 4.	
George Hobel		Minnie Or			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	Balto. Md.	ADDRESS	
No	JECOKIII NO.	Mr. Robert F.	Pressler 231	McCurley St.	
18. // 20 / 1	CAUSE O			INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH	
LEADING TO DEATH	(A) COL	enous Oca	chusion in Disease	Sudden	
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO				
injury or complication which caused death.)	Oz n-Dazerello	in Dicean	inglais		
ANTECEDENT CAUSES	DUE TO				
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	lebussie	e Reaction	neurotie L	gre 20 your	
DISEASE OF CONDITION CAD SING II. 198. CONDITION FOR W WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 8. 1 A DEATH (notify medical examiner)	PLACE OF INJURY(e.g., in e, form, foctory, street, of	n or obout 21 C. WHERE DI fice bldg., INJURY OCCU!	D (If in Baltimor	re City, give exact location)	
	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?		
OF INJURY (APPROX.) While At Not While At Work At Work					
AA O IN		124	1948 to 4/	120 .67	
22. I certify that (I) (this hospital) attended th	e deceased from 1/2	1 - 101	//		
that (I) (we) last saw the deceased alive on	11/20			inian death accurred on the date	
and haur and fram the causes stated above. (1)	(Me)((qiq), (qiq uot) A	iew the bady after dea	ith.		
23A. SIGNATURE	M.D. Atte	ending 77 - Med.	Stoff	23B. DATE SIGNED	
Color W. Alhuson	Phy	s. Director	Phys.	47 20/67	
23C. PHYSICIAN'S NAME (Type)	4	23D. ADDRESS	1. A 73. 71.	7/2	
E. W. Johnson	M.D.	3432 Frederic	ck Ave. Balto.	Md.	
REMOVAL (Specify)	ME of CEMETERY or CRE			ity, town, or county) (State)	
Burial May.1, 1967 Lou 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	don Park Cemet	25C. FUNERAL DIREC	Balto. Md.	ADDRESS	
MAY 1 1967 1 0 1	2 LankeuMA				
VS 150-REV. 1/1/65	Charling !	Met III and	inan Jole Fre	derick Ave. Balto. M	



VS 150-REV. 1/1/65

67 4249			
15.P. M.			
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
Baltimore D. STREET ADDRESS (If rurol, give locotion) 102 North Paca Street			
f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.			
12. CITIZEN OF WHAT COUNTRY?			
14. MOTHERS MAIDEN NAME Katherine			
ADDRESS Is same addre ss			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. ONSET AND DEATH (A) Caully Required DUE TO (B) Provided To for the conditions contributing to the DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
DINGS CONSIDERED ES OF DEATH?			
DEATH (notify medical exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from At Work 22. I certify that (I) (we) lost sow the deceased alive on 19 ond that in (my) (ear) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED			
Town, or county) (Stote) Land Balta I had			
3B, D			

the state of the s Levele a Care

)	BIRTH No. 67 4250		HEALTH DEPARTMENT TE OF DEATH	Registered Na	67 4250	
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) WARREN B	URCH		1-28-67	1 11 35 P	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissian) A. STATE B. COUNTY MARYLAND		
	HOSPITAL OR oddress or location) THE JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If autside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give location)			
	33		40 EAST 25TH STREET 21218			
	MALE WHITE WIBON	D. NEVER MARRIED (Specify)	2-10-10	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ine during most of working lite, even if retired) Cab Driver		Baltimore,		12. CITIZEN OF WHAT COUNTRY?	
	GEORGE T. BURCH		JESSIE BELLE SWAN			
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service No	16. SOCIAL SECURITY NO. 216-09-0229	17. INFORMANT Mrs. Melvin Sa	ndane 612 N	ADDRESS	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) O 21D. TIME (Month) (Doy) (Year) (Hour) 2	g (C) Cal	physical Construction of the Standard S	Shorts Sh	INTERVAL BETWEEN ONSET AND DEATH Zelang Zelang Zelang Zelang Many years HONGS CONSIDERED ISES OF DEATH? City, give exect locotion)	
	(APPROX.) 22. I certify that (I) (this haspital) oftended that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S	28ApriX (1)(We) (did) (did nat) v us M.D. Atte Phys	19 7 and the lew the bady after death.	at in(my) (aur) apin	ian death accurred an the date	
WILLIAM B. IAMES M.D. THE JOHNS HOPKINS HOSPITA PART OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. Date 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, 10 wn, or co						
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI MAY 1 1967 P. L. VS 150-REV. 1/1/65	of registrar by Landenger	25C. FUNERAL DIRECTOR		Batte, mel.	

B18CH #18EEH

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December de man flech He 200 - California California de 200 -

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained hefore the embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

67 4251 B	ALTIMORE CITY	HEALTH DEPARTMENT		OF ADEA
BIRTH NO.	ERTIFICA	TE OF DEATH	Registered Na	67 4201
M.E. CASE NO. 1. NAME OF DECEASED.		2 DATE AN	D HOUR OF DEATH	
Type or Print)		4	150 /1-	7 18:77 1.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If ins	titution: residence before odmission
The NAME OF All the beside a justification of the second		M		
FULL NAME OF (If not in hospital or institution, give stree oddress or location) INSTITUTION	,	C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)
10 00 / 600/1/2	_ %	Baltime	ne	4-01
18/1d. Celul 170	SP	D. STREET ADDRESS (If r	urol, give locotion)	54
<u> </u>	/	11300.1	AGE (In years	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR	(CED (specify)	8/50/01	ast birthday)	Months Days Hours Min.
6A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE		11. BIRTHPLACE/State, or fareig	an country)	12, CITIZEN OF
one during most of working life, even if retired)		11-1	,,,	WHAT COUNTRY?
retired.		10/02.	4-	a. J.
3. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAM	Do of	
William K. Dun	don	1411169	VULU !	
5. Was Deceased Ever in U. S. Armed Forces? [16. SOC SEC SEC	URITY NO.	17. INFORMANT	825 I	Lenton Ave.
4	3-10-614	Z Mr. Bernard D	undon Balto	o., Md- 12
18. 420.11	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1	1	071	1. 1/2/11
LEADING TO DEATH	(A) DUE TO	yo car du	Unfavel	77790
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DOE 10			
injury ar camplication which caused death.)	(8)	45CVD		
ANTECEDENT CAUSES	DUE TO	, /		widowski (10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C) /s	5 se tension	2º B	
UNDERLYING CONDITION last.		7	30 Co 00 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0	
7				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH (WAS PERFORMED)				
DISEASE OR CONDITION CAUSING IT.	OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAL	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner) etc.)	foctory, street, di	fice bldg., INJURY OCCUR?		
	OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.) While At	Not While			
22. I certify that (IX) this haspital) attended the dece		April 24	067:0 67	Fort 28 10 6
	1 3/1 -	9 10 67 and the	nt in (my) (fur) drive	nian death accurred an the d
that (I) (we) lost saw the deceased alive an			ar milings (our) april	non deam accorred an ine a
and haur and from the causes stated above. (1) (We)	(did) (did nat) v	lew the bady after death.		23B. DATE SIGNED
1100-3/12-H		nding Med.	Stoff Phys.	4/55/17
22 BHYSICIANS	Phy.	5. Director	Phys.	1/20/6/
23C. PHYSICIAM'S NAME (Type)	•)	TOO ADDRESS		
WEAN H. GRIFF	(1) M.D.	10.00		
24A. BURIAL CREMATION, 248. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CRE	MATORY 24D. LO	OCATION 11 (Cit	ly, town, or county) (State
Burral 7/167 new	Calher	my Cemet	Ballo.	mol.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS	JRAR	25C. FUNERAL DIRECTOR		BADDRESS MA
MAY 1 1967 Robert Ent	Carben Man	Wm Lotak	mer L Son	s mit LPa
VS 150-REV. 1/1/65	9 ()	9 6.10 7		

L 560	BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67	1252
	1. NAME OF DECEASED (Type or Print) FREDERICK W. LAHNER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Garage rear of 2110 E. Jefferson 2. Date and hour pronounced Dead A pril 14, 1967 A: USUAL RESIDENCE (Where deceosed lived. If institution: residence before the bound of the pronounced Dead A. STATE WINKNOWN (MARYLAND) C. CITY OR TOWN (If outside corporate limits, write RURAL and give town) BALTIMORE D. STREET ADDRESS (If rurol, give location) 2204 Jefferson Street	re odmission)
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) WIDOWED, DIVORCED(specify) B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months. Doys How Months. Doys How Months Doys	ours Min.
		L BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Arterioscleratic heart disease DUE TO (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	19a. Date of Operation 19b. Condition for which Operation No	
	Certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted from: Notural causes X Accident Suicide Homicide Undetermined manner	SIGNED
	BURIAL 5-3-67 Baltimore Nat 1 Cem. Baltimore, Mary 1 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR MAY 1 1067 A 2 4 4 ADDRESS MORTON & DVETT F H. 1701 Lave	

VS 151-REV. 1/1/65

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personal production and the state of the sta

		FUNERAL DIRECTOR: IMPORTANT	DIRECT	IOR: I	MPOR	TANT					60-	
This certificate must be app the body was released to t shows: (1) An accident of ar	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	e chief me by a medi i) Body bur	dical examination (3) A (5)	miner or niner. A fracture	his assilso, if the	istant i he dire kind; (4	f death ct or c	occurred ontribution	in a ho ng cause cause; (5	spital e of de 5) Deced	ath Sed	3.11
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	and (6) No p	e the physyhysician w	ician wh	o pronc gular a	unced c	death te on t	was in he dec	regular eased pr	attendarior to d	eath. S	the vch	7

05 4050	BALTIMORE CITY	HEALTH DEPARTMENT		019 4050
BIRTH NO. 67 4253	CERTIFICA	TE OF DEATH	Registered Na.	67 4253
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	, , ,		ID HOUR OF DEATH	
	lliams	Apri	1. 29,19	67 6:10 A
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceosed lived. If in ITY	nstitution: residence before odmis
FULL NAME OF (If not in hospital or institut	tion, give street	Mary land		
HOSPITAL OR oddress or location)	, and give and a	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
	1 + 1	Baltimore		1-01
AMaryland General 1	tospilal	D. STREET ADDRESS (IF	rural, give location	
		1363 Gil	nor ST	1,27
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years lost birthdov)	If Under 1 Yr. If Under 24 Months Doys Hours M
M	Never married	8/24/14	52.	7.00.0
DA. USUAL OCCUPATION (Give kind of work 108, KIN			ign country)	12. CITIZEN OF
one during most of working life, even if retired)	struction	S. Carolin		WHAT COUNTRY?
None Con	37RUGTION	14. MOTHER'S MAIDEN NA	-	4.5.4
Dave Williams.		Lottie J		
5. Was Deceosed Ever in U. S. Armed Forces? (es,no or unknown)((If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.			Chelesea Terr
No.	251-18-3086	(nepher)	5004	Chelesea leve
18. 4/9 9 %1		F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0			ONSET AND DEATH
LEADING TO DEATH	F	I mound	hareling	
(This daes nat mean the made of dying,			1	
heort foilure, osthenio, etc. It means the disc injury or complication which caused death.)	ease,			
ANTECEDENT CAUSES	(B)	Memoria		
DISEASES OR CONDITIONS, if ony, gi	DUE TO			
rise to the above cause (A) stating				***************************************
UNDERLYING CONDITION Iosi.				
Z OTHER SECURITION CONTRIBUTION	LITING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				7
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES WEDE	FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CA	
× U	1218 PLACE OF INJURY (e.n.	n or obout 21 C. WHERE DID	(If in Boltimor	re City, give exoct locotion)
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?		
, , , , , , , , , , , , , , , , , , , ,				
21D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work Not While At Work	le 📗		
22. I certify that (I) (this baspital) attended	ded the deceased from	tpril 24	19 67 to A	pril 29 196
that (1) (we) lost saw the deceased alive		/ 67		inian death accurred an the
			di many (doi) ap	illian death decorred an thi
and hour and from the causes stated aba	ve Ti) (We) (did) (did nat)	view the bady after death.		OR DATE SIGNED
23A. SIGNATURE	// // M.D. AH	ending Med.	Stoff -	23B. DATE SIGNED
Mi/richard	Louis M.D. Phy	s. Director	Phys.	7/27/67
25C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
100	M.D.			
4A. BURIAL CREMATION, 24B. DATE 24	4C. NAME of CEMETERY or CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (St
REMOVAL (Specify)	1 25 12 1	de Com 1	550	50
KURIAL 3-367	ME OF REGISTRAP	25C. FUNERAL DIRECTOR	attreed,	ADDRESS
258. NA	ME OF REGISTRAR	1. 1 . 1	1121	1701 LAURE
MAY 1 1007 0.0	a. O. Is D. M.	Mortone Di	1ett tit.	1101 MARKE
S 150-REV. 1/1045	ma ch allend o	1261	2.5 200	sammes sames

1-1 Harden General Hory I-1 House married British section arrest David Williams Combine Street Cartery Title The Veryla 12 45 Lingh PS YE LIER

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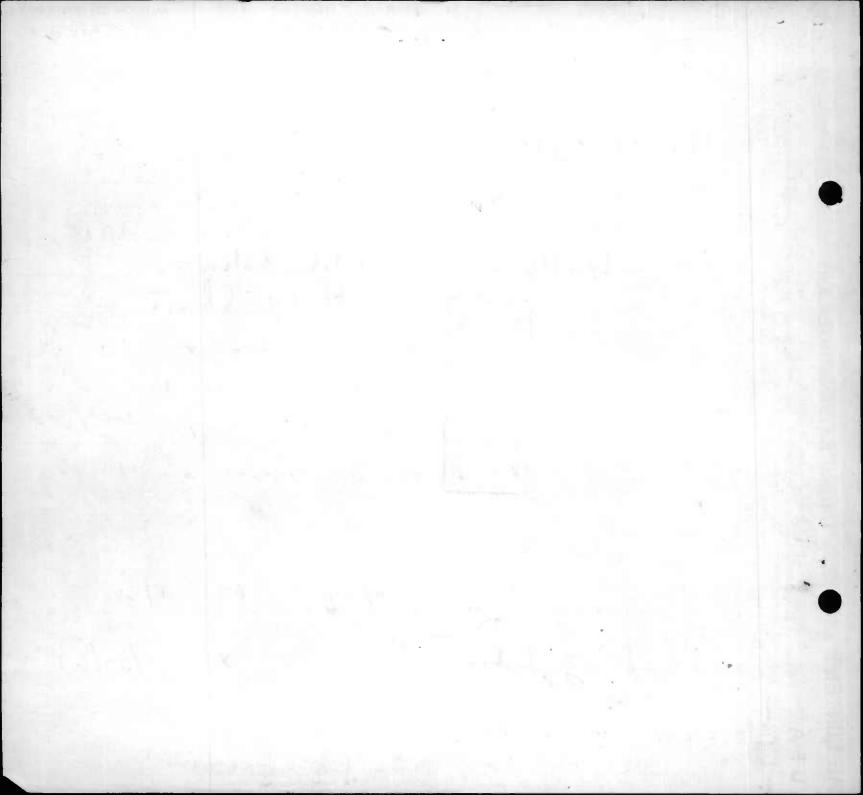
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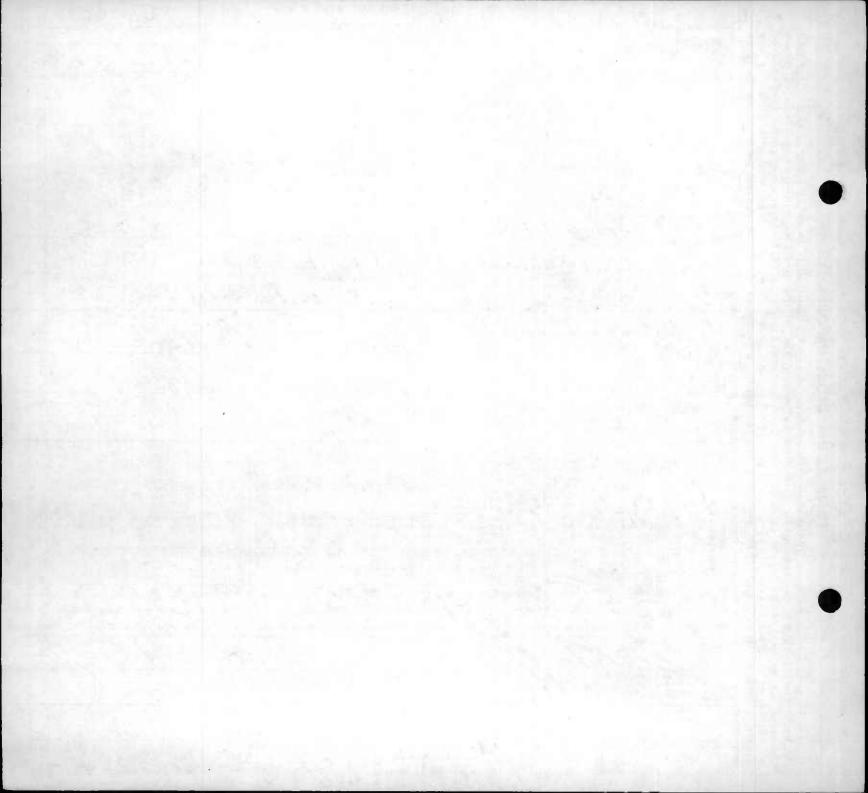
the body

shows: M ds

and that in (my) (aur) apinian death accurred an the date REMOVAL (Specify) HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS 25A, DATE REC'D VS 150-REV. 1/1/65



CM AGREE BU	ALTIMORE CITY HEALTH DEPARTMENT	67 4255
BIRTH NO. 67 4255	ERTIFICATE OF DEATH	Registered No.
M.E. CASE NO.		
T. NAME OF DECEASED (Type or Print)	S. DATE	AND HOUR OF DEATH
Lasar Derger	ar. 9	129/6/ 2.15 J.M.
3. PLACE OF DEATH IN MALTIMORE, MARYLAND	A. STATE B. CO	here decoased lived. If institution residence before admission) UNTY
FULL NAME OF (If not in hospital or institution, give stree HOSPITAL OR address or location)		outside city limits, with RURAL and give township)
INSTITUTION / C - 0 //	P33770	26-44
Mcl lien & HUSP	D. STREET ADDRESS	(If rurol, give location)
48	12 N. Kru	sson St.
5. SEX 6. RACE 7. MARRIED, NEVER		9. AGE (fn years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M WIDOWED, DIVOR	CIED 12/10/19h	lost birthdoys Months Doys Hours Min.
	SS OR INDUSTRY 11. BJETHPLACE (Stote or fo	oreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Tree Mil	21 5
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME A
Corre O. Becree	budie	Leach
15. Wos Decoosed Ever in U. S. Armed Forces? 16. SOC	IAL 17- INFORMANT	ADDRESS
	URITY NO.	on Achin (Som)
MB. 12	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	IN Hontricular	fibr. Clark
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	
injury ar complication which caused death.)	B. P.	1071.1
ANTECEDENT CAUSES	(B) PTT	go Ceritia ant
DISEASES OR CONDITIONS, if any, giving	Q5115	
rise to the above cause (A) stating the	(C) //3CU_3	
UNDERLYING CONDITION last,		
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DISEASE OR CONDITION CAUSING IT.	PERATION 20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMEDY		IN CERTIFYING CAUSES OF DEATH?
0 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in or about 21 C. WHERE DID	(If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, etc.)	foctory, street, office bldg., INJURY OCCUR?	
	OCCURRED 21F, HOW DID I	NILLBA OCCITBS
S OF INJURY	Not Whife	MJORT OCCUR.
(APPROX.)	AI Work	
22. I certify that (1) (this hospital) attended the dece	ased from 4-17	196710 4-29 1967.
that (I) (we) lost sow the deceased alive on	124 1967 ond	that in (my) (our) opinion death occurred on the date
and hour and from the couses stated above. (1) (Ye) (did) (did not) view the body ofter deat	h
23A. SIGNATURE.	1.0, (2.0 1.0.), (1.0.) (1.0. 2.0.)	23B, DATE SIGNED
13/9-11	M.D. Attending Med.	Stdf / > C, /
23C. PHYSICIAN'S	Phys. Director	Phys 721/6/
NAME (Type)		
	M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of C	CEMETERY OF CREMATORY 24D	LOCATION (City, town, or county) (Stote)
Buria 600 5/3/67 Calto.	Nat'	ollense Mid
25A. DATE REC'A HEALTH DERT PSBINAME OF REGIS	TRAM 250. FUNERAL DIRECT	OR ADDRESS
Local E. C.	freent n	muner h 263 S Conflu : Si
VS 150-REV. 1/1/65	000000000000000000000000000000000000000	



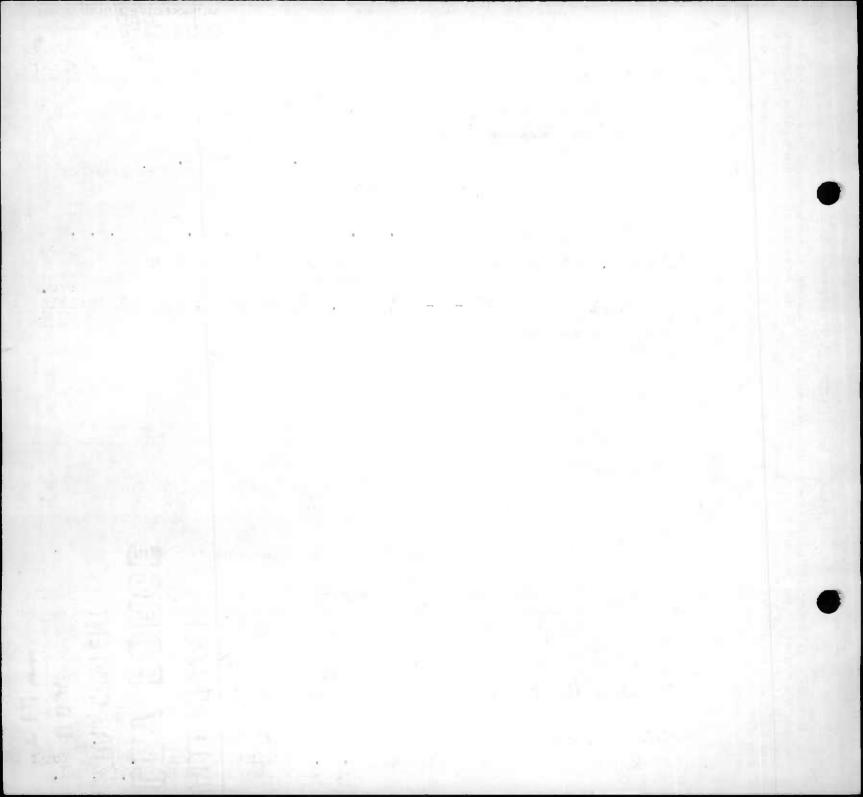
IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (5) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT		on soer
BIRTH NO.	67 4256	CERTIFICA	TE OF DEATH	Registered No.	07 4430
M.E. CASE	NO. F DECEASED		D DATE AN	D HOUR OF DEATH	
(Type of Pri	nt) = 0 = 1 / = 1 / 5	MITH	5/	1167	1030 AM
3. PLACE	OF DEATH IN BALTIMORE, MARYLAND	11 000	4. USUAL RESIDENCE (Where		stitution: residence before admission)
MA		HO26NAT	ALL COOK	An min	0 = 0.
HOSPITA	L OR oddress or location)	ion, give street	C. CITY OR TOWN (If out	side city limits, write F	RURAL and give township)
INSTITUT	IION		CLEW A	CIMIA	21057 53-00
49				rurol, give location)	00.00
10			LONG GO	LEEN, RI	D .
5. 5EX	6. RACE 7. MAR	RIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M	Gen !	MED, DIVORCED (specify)	Dul 11-09-89	lost birthdoy)	Within S Doy's Hours Wan,
	OCCUPATION (Give kind of work 108, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or prei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done guring	most of working life, even if retired)	DUM	Ma.		VSA
13. FATHER	5 NAME	7/010	14. MOTHER'S MAIDEN NAM	ΛE	00.1
	11 WS. 51		TANLO	11001	
0	OHN SMILLET	13 (60 0) ()	- 111	- BICKY	100055
(Yes, no or u	nknown) (If yes, give wor or dotos of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRE5S
No		212-09-419	9 R. VIXON G	KTIMC	BALTO CO. MO
1B. 4	22.11	CAUSE O	DEATH	0 4 4 4 4	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	2	CERE	BHAL VITTOU	ILAP ONSEI AND DEATH
	LEADING TO DEATH	(A) S	DROKE-	ACCIDENT	- Ja Mis
	does not mean the mode of dying, failure, osthenio, etc. It means the disc				
injury	or complication which coused death.)	QX.	010		
	ANTECEDENT CAUSES	DUE TO			
	SES OR CONDITIONS, if ony, gi				
	Io the obove couse (A) stoting RLYING CONDITION last.	lhe (C)	200 4 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
O OTHER	SIGNIFICANT CONDITIONS CONTRIBE	TING	~10	111	
DISEA	HE DEATH BUT NOT RELATED TO SE OR CONDITION CAUSING IT.	THE TOMORKY	AGE HUM	THE MOS	t Jacys-
일 19A.DA	ATE OF OPERATION 198. CONDITION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPAYTIYAS OF No.	20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED /
U 21A. A	UDWE		100.		
OP CO	CCIDENT WAS UNDERLYING THE CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	(notify medical examiner)	etc.)			
21 D. TI		21E INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
E (A PPRO		While At Work Not While At Work	e		
22 1	ertify that (1) (this hospital) attend		04-25-67 1	9 to 05	-1-67 19
	Y(we) lost sow the deceased alive	, /		of in (per) (our) opi	nian death accurred on the date
	our and from the couses stated above	e. (1) (Me) (did not)	view the body ofter deoth.		
23A. 510	GNATURE	M.D. AH	onding Med.	Stoff 1	23B. DATE SIGNED
	www In Las.	Phy	s. Director	Phys.	2/1/67
23C.PH	YSICIAN'S AME (Typo)		23D. ADDRESS	100 1	
K	BERT WI SEAT	LEY M.D.	Maulan	et cul	1405 DOME
24A. BURIA	L CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	DEATION (CI	ty, town, or couply) (Stote)
Buris		Chastnut Gran	TO POT	timore Co	MA
	REC'D BY HEALTH DEPT. 25B. NA	Chestnut Grov	25C. FUNERAL DIRECTOR		ADDRESS.
	MAY 2 1967 P.O.	8- 9 F. D. 42	H.W.Jenkins	& Sons Co	. 4905 York Rd.
VS 150-REV		D'C' JOINEDINE	12261		Balto.,Md.
			I A E O A		

ATTUR WHOTE

- /	67 A957	BALTIMORE CITY	HEALTH DEPARTMENT		OH 4000
111	RTH NO. 01 4431	CERTIFICA	TE OF DEATH	Registered Na	6/ 460/
1.	E CASE NO. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(T	ype or Print) ELMER (WHITT	EMORE	4-3	26-67	12:53 Pm.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND			re deceased lived. If institu	ution: residence before admission)
-	FULL NAME OF (If not in hospital or instituti	an ave street	Maryland		
	HOSPITAL OR oddress or location)	4		tside city limits, write RUR	AL and give township)
	37 Morecy Das	betal	Baltimore		11-01
	3		D. STREET ADDRESS (If	rurol, give location)	
	<u> </u>		1209 N. Cal	Lvert St.	
5.		NED, NEVER MARRIED WED, DIVORCED (specify) Single		9. AGE (In years I N	f Under 1 Yr. If Under 24 Hrs.
	A. USUAL OCCUPATION (Give kind of work 10 & KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fore	ign country)	2. CITIZEN OF WHAT COUNTRY?
ac		inental Can.	Co. Baltimo	ore, Md.	U.S.A.
13	FATHER'S NAME	THOHOUT OUT!	14. MOTHER'S MAIDEN NA		
	William B. Whittemor	'⊖	Mary Catheri	ine Richards	3
	. Wes Deceased Ever in U. S. Armed Forces? es,no or unknown)(If yes, give wor ar dates af servi	1 6. SOCIAL	17. INFORMANT		ADDRESS AVe.
	7.01.7	218-07-3907	Mrs. Pierce	Conhar 1320	
-	Yes 1941	CAUSE O		عربه و دمیت	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	^			ONSET AND DEATH
	LEADING TO DEATH	(A) Pm	eumonia - over	whelming	9 days.
	(This does not mean the mode of dying, heart loiture, osthenio, etc. It means the dise		# #h a d a wa da da f a Teo a a co co co co co co co co d h co co co co ch	1	1
	injury or complication which caused death.)	C. (0 6 -1	100- (11.1	0 /
	ANTECEDENT CAUSES	DUE TO	one - (1) mid	due cereviox	10 cens.
	DISEASES OR CONDITIONS, if ony, give		Faron	coace.	1
	rise la lhe above cause (A) stating UNDERLYING CONDITION lost.	ine (C)	allate College	TEMBRAKERO	
	Ш				
2	OTHER SIGNIFICANT CONDITIONS CONTRIBU				
ACITA		THE			
Correla	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar No	O) 20B. IF YES, WERE FIN	DINGS CONSIDERED
100	1 4-23-67 Resp a	istress	NO	No	
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of letc.)	fice bldg., INJURY OCCUR?	(If in Boltimare C	ity, give exoct lacotion)
C		21 E. INJURY OCCURRED	21F, HOW DID INJ	ILIPY OCCUP?	
AAEDI	OF INJURY (APPROX.)	While At Nat Whil		JOKI GCCOK.	
	(APPROX)	Work At Work			
	22. I certify that (1) (this hospital) attended	4	d seets	1967 10 4-	
	that (1) (we) last sow the deceased alive	on 4-26	19_6_/and th	not in (my) (our) opinio	n deoth occurred on the dote
	and hour and fram the causes stoted abav	e. (1) (We) (did) (did not) v	iew the bady ofter death.		
	23A. SIGNATURE			23	8. DATE SIGNED
	1.11.10ana	M.D. After	nding Med. Director	Phy s.	4-26-67
	23C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS		
.	JAY IN. BAT	WEASH M.D.	Mercy Ho:	spital	
24	A. BURIAL CREMATION, 24B, DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City,	town, or county) (State)
		Baltimore	Ral	Ltimore	Md -
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	2	ADDRESS
	MAY 2 1967 R.Q	see & starber 14	H. W. Jenki	ns & Sons (Co. 4905 York R
V:	150-REV. 1/1/65			z Ba.	Louiz, Ma.



Show thousand the F. 18 3434116 MIKE GENTE MIKELING AUTH SHEELS SHARL BURNEY. CHINTE Cheming OWHER THE Calman wash of the william APPEAR OF THE PROPERTY OF WILLIAM STATES 77 4301 77 11000111 30 111 111 . . . Jendre u demilio, .

0704 20	BALTIMORE CITY HEA	LTH DEPARTMENT	CM	1 19512
BIRTH NO. 67 4259 M.E. CASE NO.	CERTIFICATE	OF DEATH	egistered Na. Of	4600
1. NAME OF DECEASED (Type or Print)	ha C. Se.	2. DATE AND HO	UR OF DEATH	in P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. U	ISUAL RESIDENCE (Where dece	ased lived. If institution: re:	sidence before odmission)
FULL NAME OF (If not in hospital or institution,	give street	As 4 For	OSON BA.	LTIMORE
HOSPITAL OR oddress or location) INSTITUTION	C. C	CITY OR TOWN (If autside ci	ity limits, write RURAL and	give township)
CLAINERSITY HOS	D. 5		ive location)	0.1
	PIT AL		eenacre	RA
MWC	DIVORCED (specify)	4 22/1891 9. AG	76	1 Yr. If Under 24 Hrs. Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND O done during most of working life, even if retired)	F BUSINESS OR INDUSTRY 11. B	SIRTHPLACE (State or foreign cou	infry) 12. CITIZ WHA	EN OF AT COUNTRY?
Refined-CHEMIST E	ARSENAL	PA	es	SA
13. FATHER'S NAME	[4.]	MOTHER'S MAIDEN NAME		
15. Was Deceased Ever in U. S. Armed Farces?	16, SOCIAL 17, 11	CARSOWS NFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor ar doles of service)	SECURITY NO.	Soul - Da	CARUTO	at Al
18.	220-20-7863 CAUSE OF DE	ATH	7, 6000	NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	RUPTU			ONSET AND DEATH
LEADING TO DEATH	(A) DISSECT	0	ANEURISM 7	7-8-K15
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease injury or complication which caused death.)		ALIZED ATHE	POSCLEPOR	
ANTECEDENT CAUSES	(B) CARDIC	VASCULAR D	ISEASE &	10 YEARS+
DISEASES OR CONDITIONS, if ony, giving	DUE TO			
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)		***************************************	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HE	114 0505	3	YEARS
19A, DATE OF OPERATION 198, CONDITION FOR	WHICH OPERATION 2		IF YES, WERE FINDINGS CERTIFYING CAUSES OF D	
WAS PERFORMED		yes IN	CERTIFYING CAUSES OF D	PEATH?
U 21A. ACCIDENT WAS UNDERLYING 218	B. PLACE OF INJURY (e.g., in ar a me, farm, foctory, street, affice b	bout 21C. WHERE DID	(If in Baltimore City, give	exact location)
W OF INTERV	E. INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?	
(APPROX.)	hile At Nat While ork At Work	7:20 -	1=12 pm,	
22. I certify that (I) (this hospital) attended t	the deceased from	130 196	7.10 4/3	0 1967,
that (I) (we) last sow the deceosed alive an	4/23	19 67 and that in (my) (aur) opinian deat	h occurred an the date
ond haur and fram the causes stated abave. (I) (We) (did) (did not) view	the body ofter death.		
23A. SIGNATURE			23 B. DATE	SIGNED
P.P. Toskes	M.D. Attending Phys.	Director Phys.	3 4/	30/67
23C. PHYSICIAN'S NAME (Type)		ADDRESS	, there	
24A. BURIAL CREMATION, 24B. DATE 24C.N	M.D.	an, versil	3 /100	(54-4-)
REMOVAL (Specify)	AME of CEMETERY OF CREMAT			r county) (State)
Burial 5/3/1967	Presbyterian of REGISTRAR	Shade	Gap,	ADDRESS
MAY 2 1967 (Q.	BE Fallema H	.W.Jenkins & S	sons Co. 490	5 York Rd.
VS 150-REV. 1/1/65	0	7 2 6 Bali	to. 12, Md.	
3 13U-RE V. 1/1/05		free C		

25560 2 22 22 22 23 24 25 Leaven Francisco ASA CONTRACTOR (S) + 22/15 11 76 Extend comment Electronic Property 4577 Vincent I BERT DE GARY, EISTENN

VS 150-REV. 1/1/65

07 4000	BALTIMORE CITY HEALTH DEPARTM	ENT	67 4260
BIRTH NO. M.E. CASE NO.	CERTIFICATE OF DEA	TH Registered No.	07 4200
1. NAME OF DECEASED JOHANNA (JOAN (Type Pint) CHOCKI, MRS	JOHANNA	430 67	1018 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		CE (Where deceased lived. If institu B. COUNTY	tion: residence before admission)
FULL NAME OF (If not in haspital ar institution, HOSPITAL OR address or location)	give street C. CITY OR TOWN	(If autside city limits, write RUR.	AL and give township)
35 Church Home & Hos	spital BALT	IMORE (If tural, give location)	1-05
0 9	665 8	MONTFORD /	4UE
5. SEX 6. RACE 7. MARRIED WIDOWE	D. DIVORCED (specify)	9. AGE (In years If	Under 1 Yr. If Under 24 Hrs. anths: Days Haves Min.
Ma	rried 4 13 18	193 74	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND O done during most of working life, even if retired)	F BUSINESS OR INDUSTRY 11. BIRTHPLACEUStot	e ar fareign caunffy)"	2. CITIZEN OF WHAT COUNTRY?
H/wHousewife	- Mal.	DENI NIA AAF	MS.A.
done during most of working life, even if retired) H/WHOUSEWIFE 13. FATHERS MAME ZBORZYCK: ZBORZE		Bialek	
Ilia, 4402 Deceased Ever in C. S. Armed Folces:	16. SOCIAL 17. INFORMANT	171000	ADDRESS
(Yes, no ar unknown) (If yes, give war ar dates of service)	SECURITY NO.	Piechocki,605	
18. 15. 27. 61	CAUSE OF DEATH	TICCHOCKI, 500)	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	61 6		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.	(A) Pulmanay Lo	leme & Infantia	•••••••••••••••
heart failure, asthenio, etc. It means the disease			
ANTECEDENT CAUSES	(B) CHF due	to 17.1 or Glage	ndijease
DISEASES OR CONDITIONS, if any, giving		Dave Isl	
rise to the obove cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISPASS OF CONDITION CALL RELATED.	(c) Hante Hum	ossayic punereans	
II II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IG HE		
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION 20 A. AUTOPSY? (Y	es or No. 208, IF YES, WERE FINE	DINGS CONSIDERED
E E E	YE	-5	
U 21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF hon	B. PLACE OF INJURY (e.g., in at about 21 C. WHERI ne, farm, factory, street, office bldg., J	CUR?	ty, give exact lacation)
0		DID INJURY OCCUR?	
S OF INJURY (APPROX.)	hile At Nat While		
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) etc 21D. TIME (Manth) (Doy) (Year) (Haur) 211 OF INJURY (APPROX.) W. W. 22. I certify that (I) (this hospital) attended		19 67 to	4-30 1967
		ond that in(my) (our) apinion	
ond hour and from the couses stated above.	/ ' /		
ond hour and from the couses stated above.		1	B. DATE SIGNED
7 tul	M.D. Attending Med. Direct	or Staff Phys.	4-50-67
23C PHYSICIANS NAME Type	PANN D 23D. ADDRESS	0 14	1/20
23C-PHYSICIANES NAME Type) 24A. BURTAL CREMATION, 23B. DATE 24C.N	CALLY OF M.D.	rece my	Alm
	AME of CEMETERY of CREMATORY Ly Rosary	Baltimore,	Maryland
	of registrar 25C, funeral d. F. SADO	WSKI & SONS, 180	8 EASTERN AVE

BALTI Melle 2 3 GOTS, NONTROPO AUE 4 13 1893 74 · W/H 16.21A 3.14 MARY BILLEK JACOB ZBORZENCK gerêne a regentité de la la company de la co

Deceased

(4) Undetermined cause; (5) contributing

death

a hospital

Such

deceased prior to death.

attendance

in regular

Was

death

any

fracture of

deceased prior to death); and (6) No physician was in regular attendance on the

(except

at a hospital

was D.O.A. shows: (1)

the body was released

any nature; (2) Body burns;

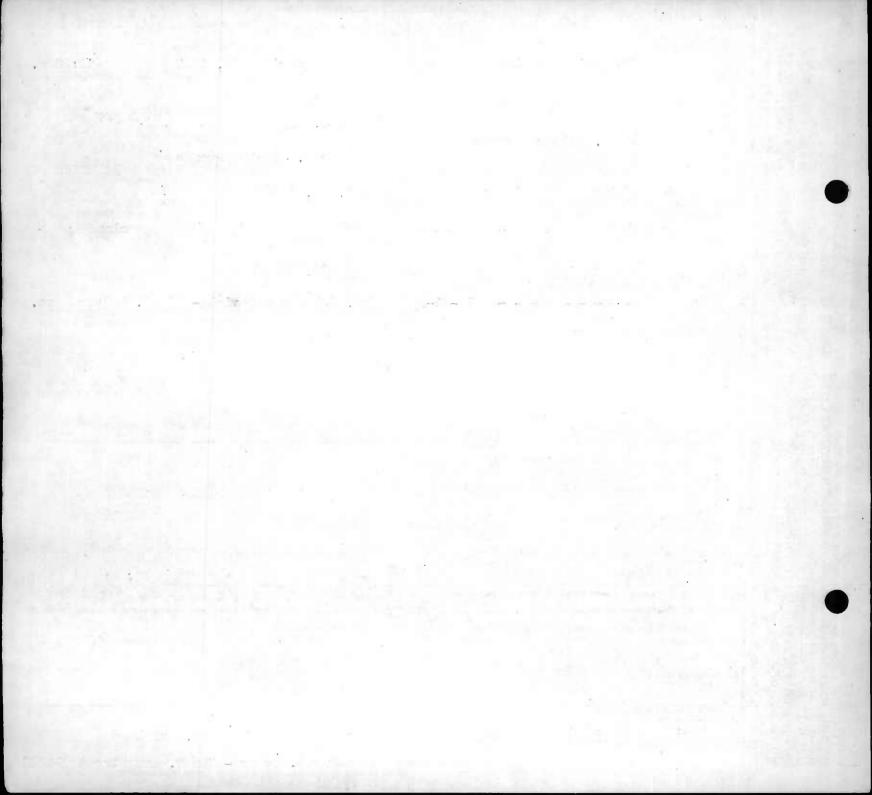
where the physician who pronounced

		BALTIMORE CI	TY HEALTH DEPARTMENT	02 400
BIRTH NO. M.E. CASE NO.	67 4261	CERTIFIC	ATE OF DEATH Registered	No. 67 4261
1. NAME OF DEC	CEASED		2. DATE AND HOUR OF D	4A
	Catherine P.		April 30th, 19	967 10:20 p.
3. PLACE OF DE	ATH IN BALTIMORE, MAI	YLAND	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	d. If institution: residence before admissio
FULL NAME OF HOSPITAL OR	OF (If not in hospitot of oddress or location)	r institution, give street	Maryland C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
00	646 S. Belno	rd Avenue	Baltimore O. STREET ADDRESS (If rurol, give locations)	ion)
			646 S. Belnord Aver	nue
5. sex Female	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	Sept. 22, 1896 9. AGE (In year)	rs If Under 1 Yr. If Under 24 H Months Ooys Hours Min.
		10B. KIND OF BUSINESS OR INDUST		12. CITIZEN OF
-	working tile, even if retired)			WHAT COUNTRY?
	sewife		Poland	Poland
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
Peter	Kvc		Agnes Bednarz	
5. Was Deceosed	Ever in U. S. Armed Ford	s? 1 6. SOCIAL	17. INFORMANT	ADDRESS
	n) (It yes, give wor or dotes			111
NO 1B.		219-03-0189	Mrs. Helen Covacevich	- 646 S. Belnord Ave.
DISEASES (ise to the UNDERLYIN) OTHER SIGN TO THE D	ANTECEDENT CAUSES OR CONDITIONS, if or obove couse (A) or condition tost. III IFICANT CONDITIONS CONDITIONS CONDITION CAUSENG IN CONDITION CAUSING IT	ony, giving sloting the (C)	Poster dennis Ser Vesperlines OUI),
19A. DATE OF	F OPERATION 198. CONI	ORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DUTING CAUSE OF wedicol exominer	21B. PLACE OF INJURY (e.g. home, farm, factory, street, etc.)	, in or obout 21C, WHERE DID (If in B office bldg., INJURY OCCUR?	oltimore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	(Hour) 21E, INJURY OCCURRED While At Not W Work At Wo		0.1
that (I) (we	last sow the decease	d attended the deceased from 1. d alive on	2 V 19 6 ond that in (my) (on	or) opinion death accurred on the di
23A. SIGNATI	Welvi J.	0	Med. Stoff Phys. 23D. ADDRESS	23B. DATE SIGNED 67.
N	1. J. JAWO	175K1 M.I	0. >711 (ar les Un	il.
Burial Burial		Halv Rosamy Co		(City, town, or county) (Stote) Maryland
25A. DATE REC'E	BY HEALTH DEPT.	Holy Rosary Ce	25C. FUNERAL DIRECTOR	ADDRESS
N/I	INV 9 10ST A	O. F. E. Standers	George A. Weber - 70	5 S. Ann Street #212

5/3/67 HEALTH DEPT.

VS 150-REV. 1/1/65

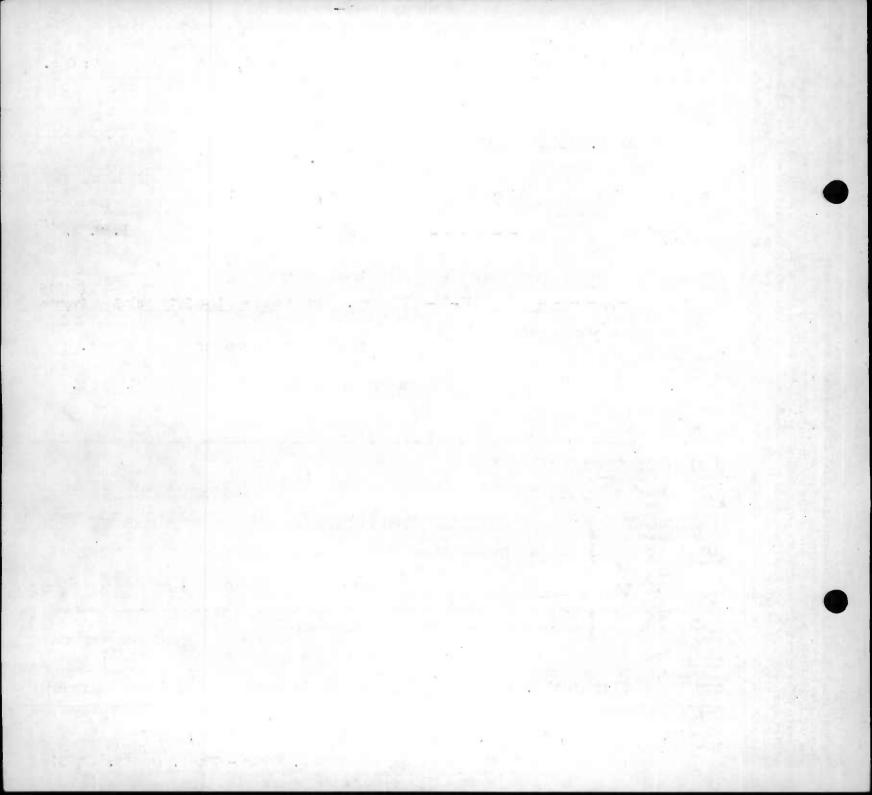
George A. Weber - 705 S. Ann Street #21231



VS 150-REV. 1/1/65

		8.	ALTIMORE CITY	HEALTH DEPARTMENT		CIM	4000
BIRTH NO.	67 4262	C	ERTIFICA	TE OF DEATH	Registered No	67	4606
M.E. CASE NO.	EASED			2, DATE AI	ND HOUR OF DEATH	н	
(Type or Print)		Mach		May	1, 1967		7:00 a.
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution; reside	nce before odmissio
FULL NAME (OF (If not in hospital address or tocation	or institution, give stree	et .	Maryland			
INSTITUTION	ougless of locollor	D			tside city limits, will	RURAL and give	re township)
00	609 S. Durh	am Street.		Baltimore D. STREET ADDRESS (If	rural, give location)		
00	00 / 00 20212	Cam, 19 02 06 0		609 S. Durha	m Street		
SEX	6. RACE	7. MARRIED, NEVER WIDOWED, DIVOR		8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months Do	Yr. If Under 24 H
Female:	White	Widowed		July 26, 1895	71		
	UPATION (Give kind of work working life, even if retired)	108, KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN WHAT	OF COUNTRY?
Housew			-	Poland		U.	S. A.
3. FATHER'S NA		-		14. MOTHER'S MAIDEN NA	ME		
		Szafarz					
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed For	ces? 16. SOC	URITY NO.	17. INFORMANT		AD	#21215
No				Mrs. Mary Stack	hurski - 39	19 Belvi	
1B. 15	612 V		CAUSE OF		2/	INTE	ERVAL BETWEEN
DISEA	SE OR CONDITION DIR	RECTLY					
(This does	LEADING TO DEATH	dvina. e.a	10000000000000000	static carci	nome of	2 y	rs.
heort failure,	asthenio, etc. It meons	the disease,	1	liver			
	ANTECEDENT CAUSES			or of Kidney		15	yrs.
DISEASES	OR CONDITIONS, if	any, giving	DUE TD				
	e obove couse (A) G CONDITION last.	stating the	(C)	**************************************	***************************************		
	II				·		
DTHER SIGN	IFICANT CONDITIONS C						
DISEASE OR	CONDITION CAUSING I	т					
H 19A. DATE OF	F OPERATION 198. CON WAS PERI	DITION FOR WHICH O	OPERATION	NO NO	IN CERTIFYING C	FINDINGS CO AUSES OF DEA	NSIDERED TH?
21 A. ACCIDE	NT WAS UNDERLYING	218, PLACE	OF INJURY (e.g., in		(If in Baltime	ore City, give ex	sact location)
OR CONTRIB	UTING CAUSE OF	home, form,	foctory, street, off	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY	OCCURRED	21F. HOW DID INJ	IURY OCCUR?		
21D. TIME OF INJURY (APPROX.)		While At	Not While				
22 Longtifu	that (I) (this hespital			pril	19 50 to M	ay	19 67
	lost sow the deceose	A	0360 110111	10	not in (my) (out) or		
	2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			iew the body ofter death.	101 TH (111)	Jillion deoill o	ccorred on the d
23A. SIGNAT	IDE O			The Body offer dediff.		23B, DATE St	GNED
	Clarence	W. LeDon	M.D. Atter	Med. Director	Stoff Phys.	5/1/6	7
23C. PHYSICIA		/		3D. ADDRESS			
NAME (1	Clarence	W. LeDoux	M.D.	3023 Easte	rn Bal	timore	Maryland
24A. BURIAL CRE	MATION, 248. DATE	24C. NAME of	CEMETERY OF CRE	MATORY 24D. L	OCATION	City, town, or co	ounty) (Stote)
Burial	Morr 5	1067 0+ 5+	ani al'ana	Cometer	Raltimona 1	Mamr Tand	
25A. DATE REC'D	BY HEALTH DEPT.			Cemetery F			ADDRESS
	MAY 2 1067	00 R. Q	EA Thomas	George A. Web	er - 705 S.	Ann St.	#21231

George



VS 150-REV. 1/1/65

Such

on the

attendance

regular

a hospital

		1000		Y HEALTH DEPARTMEN	NT	000 1000
	н но. 6	7 426	CERTIFICA	ATE OF DEAT	H Registered N	0. 6/ 426.
	AME OF DECEASED				TE AND HOUR OF DEAT	гн
(Тур	e or Print)	WARD TGNA	TIUS GASKINS		April 28, 1	
3. PI	LACE OF DEATH IN				(Where deceased lived.)	f institution: residence befare admi
					COUNTY	
	ULL NAME OF	(If not in hospital oddress or location	or institution, give street	Maryland c. city or town	Of autoida site limita unit	RURAL and aive wynship)
4	THITTEL	CATE	AMENDED		or dorside city limits, will	ORAL ditublive (itsnip)
	TOTAL TITLE	305 Magter	cwald Ave. 3/8/6/	Baltimore D. STREET ADDRESS	(If rura), give location)	
	00	JUJ WESLE	ward Ave.	3305 West	erwald Ave.	
5. SE	EX 16. RA	C.E.	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	J9. AGE (In years	If Under 1 Yr. , If Under 2
		hite	widowed, Divorced (specify) Married		189 age (In years	Manths Days Haurs A
			108, KIND OF BUSINESS OR INDUSTR	March 23,	73 73	12, CITIZEN OF
	during mast of warking		INDUSTRESS OF INDUSTR	III. BIKINFEA CE (Signe	ar loleigh Caomry	WHAT COUNTRY?
Pr	ces. Webb F	ly Screen	Co.	Baltimore,	Maryland	U.S.A.
	FATHER'S NAME			14. MOTHER'S MAIDE	N NAME	
	Tinose Ca	ale im a		19.5		
15. V	Linsey Ga:	u. S. Armed Far	ces? 16. SOCIAL	Alice Ka	tzenberger	ADDRESS
(Yes,	, na ar unknawn) (If ye	s, give war ar date	s of service) SECURITY NO.			
	No		216-05-4002-	III.S. A. UIA	ire Harper 33	07 Frisby St. 212
	1B. 420.	/ 1	CAUSE	OF DEATH		INTERVAL BETWEE
		CONDITION DI	RECTLY	JA	1004	
		ING TO DEATH	(A) U	ente Coron	wy Josem	elión I adej -
	(This does not me heart failure, asther		dying, e.g., DUE TO the disease.			
	injury or complicati		deoth.)	Lucal.	V Para	1 E HEAV
	ANTEC	EDENT CAUSES	(B) UU	removement	ree of cour	etion I day-
	DISEASES OR CO	ONDITIONS, if	500.10	to		
			alatina tha ion 11	(A) DAIDA		
	rise to the obo		sloting the (C)	run		~ 0
	rise to the obo		sloting the (C)	- cur coc		V8 V-8 8 V-9 V V V 8 V V 8 V V 8 S L V LLAV AAV AAV V V V 8 8 V 8 V V V V
	UNDERLYING CO	ADITION Iosi.	101 5.	- Carrer		
	OTHER SIGNIFICAN	T CONDITIONS COUNTY NOT RELA	ONTRIBUTING	· (mv		
ATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND	TON IOSI. T CONDITIONS C BUT NOT RELA ITION CAUSING I	ONTRIBUTING TED TO THE T.	[20A, AUTOPSY? (Yes	or Na) 208. IF YES WE	RE FINDINGS CONSIDERED
ATION	OTHER SIGNIFICAN	TON IOSI. T CONDITIONS C BUT NOT RELA ITION CAUSING I	ONTRIBUTING VIED TO THE T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A-DATE OF OPER	T CONDITIONS CONTINUES OF THE PROPERTY OF THE	ONTRIBUTING NTED TO THE T. DITION FOR WHICH OPERATION FORMED	no-	IN CERTIFYING	CAUSES OF DEATH?
L CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A-DATE OF OPER 1 21A-ACCIDENT WA OR CONTRIBUTING	T CONDITIONS COUNTY OF THE PROPERTY OF THE PRO	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., hame, form, factory, street,	in or about 21 C. WHERE I	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ICAL CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A-DATE OF OPER 21A. ACCIDENT WA OR CONTRIBUTING DEATH (notily medic	T CONDITIONS COUNTY TO THE AUTON CAUSING INTO CAUSING INTO CAUSING INTO CAUSING INTO CAUSING INTO CAUSING INTO CAUSE OF all examiner)	ONTRIBUTING VIED TO THE T. DITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in or about 21 C. WHERE I alfice bldg., INJURY OCC	IN CERTIFYING	CAUSES OF DEATH?
EDICAL CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A-DATE OF OPER 2TA. ACCIDENT WA OR CONTRIBUTING DEATH (natily medic	T CONDITIONS COUNTY OF THE PROPERTY OF THE PRO	ONTRIBUTING VIED TO THE T. DITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., hame, form, factory, street, etc) (Haur) 21 E. INJURY OCCURRED	in or about 21 C. WHERE I alfice bldg., INJURY OCC	IN CERTIFYING	CAUSES OF DEATH?
AEDICAL CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A-DATE OF OPER 1 21A-ACCIDENT WA OR CONTRIBUTING DEATH (natily medic 21D-TIME (Man	T CONDITIONS COUNTY TO THE AUTON CAUSING INTO CAUSING INTO CAUSING INTO CAUSING INTO CAUSING INTO CAUSING INTO CAUSE OF all examiner)	ONTRIBUTING VIED TO THE T. DITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in or about 21C. WHERE Is allice bidg., INJURY OCC	IN CERTIFYING	CAUSES OF DEATH?
MEDICAL CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A-DATE OF OPER 21A. ACCIDENT WA OR CONTRIBUTING DEATH (natily medic 21D. TIME OF INJURY (APPROX.)	T CONDITIONS COUNTY OF THE PARTY OF THE PART	ONTRIBUTING LIED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Nat Why	in or about 21C. WHERE Is allice bidg., INJURY OCC	IN CERTIFYING	nare City, give exact lacation)
MEDICAL CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A-DATE OF OPER 2TA. ACCIDENT WA OR CONTRIBUTING DEATH (natily medic 21D. TIME OF INJURY (APPROX.) 22. I cepatify that	T CONDITIONS COUNTY OF THE PARTY OF THE PART	ONTRIBUTING ITED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) (Hour) 218. INJURY OCCURRED While At At Work At Work At work attended the deceased fram	in or about 21 C. WHERE I alfice bldg., INJURY OCC	DID UR? (If in Boltin	nare City, give exact lacation)
MEDICAL CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A. DATE OF OPER 2TA. ACCIDENT WA OR CONTRIBUTING DEATH (natily medic 21D. TIME OF INJURY (APPROX.) 22. I certify that (that (1) (we) last	T CONDITIONS COBUT NOT RELATION CAUSING ATION 198. CONWAS PER CAUSE OF all examiner) (b) (Day) (Year)	ONTRIBUTING VIED TO THE T. DITION FOR WHICH OPERATION PORMED 21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) (Haur) 21E. INJURY OCCURRED While At Nat White At Work Wark At Word At Word At delive an Dipul 7	in or about 21C. WHERE I adfice bidg., INJURY OCC	DID (If in Baltin UR? DINJURY OCCUR?	nare City, give exact lacation)
MEDICAL CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A-DATE OF OPER 21A-ACCIDENT WA OR CONTRIBUTING DEATH (natily medic 21D-TIME OF INJURY (APPROX.) 22. I certify that (that (1) (we) last and have and fram	T CONDITIONS COBUT NOT RELATION CAUSING ATION 198. CONWAS PER CAUSE OF all examiner) (b) (Day) (Year)	ONTRIBUTING ITED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) (Hour) 218. INJURY OCCURRED While At At Work At Work At work attended the deceased fram	in or about 21C. WHERE I adfice bidg., INJURY OCC	DID (If in Baltin UR? DINJURY OCCUR?	nare City, give exact lacation) 19 (appinion death accurred an the
MEDICAL CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A. DATE OF OPER 2TA. ACCIDENT WA OR CONTRIBUTING DEATH (natily medic 21D. TIME OF INJURY (APPROX.) 22. I certify that (that (1) (we) last	T CONDITIONS COBUT NOT RELATION CAUSING ATION 198. CONWAS PER CAUSE OF all examiner) (b) (Day) (Year)	ONTRIBUTING ITED TO THE T. DITION FOR WHICH OPERATION PORMED 21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) (Haur) 21E. INJURY OCCURRED While At Not Wh Work At Work at dalive an Diffusion of the deceased from the dalive and the dalive	in or about 21C. WHERE I alfice bidg., INJURY OCC	DID (If in Baltin UR?) DINJURY OCCUR? 19 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	nare City, give exact lacation)
MEDICAL CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A-DATE OF OPER 21A-ACCIDENT WA OR CONTRIBUTING DEATH (natily medic 21D-TIME OF INJURY (APPROX.) 22. I certify that (that (1) (we) last and have and fram	T CONDITIONS COBUT NOT RELATION CAUSING ATION 198. CONWAS PER CAUSE OF all examiner) (b) (Day) (Year)	ONTRIBUTING ITED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) (Hour) 218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) While Al	in or about 21C. WHERE I adfice bidg., INJURY OCC	DID (If in Baltin UR? DINJURY OCCUR?	nare City, give exact lacation) 128 196 Appinian death accurred an the
MEDICAL CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A-DATE OF OPER 21A-ACCIDENT WA OR CONTRIBUTING DEATH (natily medic 21D-TIME OF INJURY (APPROX.) 22. I certify that (that (1) (we) last : and haur and fram 23A-SIGNATURE 23C-PHYSICIAN'S	T CONDITIONS COBUT NOT RELATION CAUSING ATION 198. CONWAS PER CAUSE OF all examiner) (b) (Day) (Year)	ONTRIBUTING ITED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) (Hour) 218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) While Al	in or about 21C, WHERE I allice bldg., INJURY OCCI	DID (If in Baltin UR? (If in Baltin UR?) D INJURY OCCUR?	nare City, give exact lacation) 19 (appinion death accurred an the
MEDICAL CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A-DATE OF OPER. 21A. ACCIDENT WA OR CONTRIBUTING DEATH (natily medic 21D. TIME OF INJURY (APPROX.) 22. I certify that (that (1) (we) last and haur and fram 23A. SIGNATURE	T CONDITIONS COBUT NOT RELATION CAUSING ATION 198. CONWAS PER CAUSE OF all examiner) (b) (Day) (Year)	ONTRIBUTING ITED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) (Hour) 218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) While Al	in or about 21C. WHERE I alfice bldg., INJURY OCC. 21F. HOW DI 21F. HOW DI 21F. How DI 21F. How DI 22F. How DI 23F. How DI 23D. ADDRESS	DID (If in Baltin UR? (If in Baltin UR?) D INJURY OCCUR?	nare City, give exact lacation) 19 (appinion death accurred an the
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MEDICAL CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A-DATE OF OPER 2TA. ACCIDENT WA OR CONTRIBUTING DEATH (natily medic 21D. TIME OF INJURY (APPROX.) 22. I certify that (that (1) (we) last and haur and fram 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	T CONDITIONS COUNTY OF THE PROPERTY OF THE PRO	ONTRIBUTING NIED TO THE DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) (Haur) 21E. INJURY OCCURRED While A1 Not Wh Work At Word At Word	in or about 21C, WHERE Is allice bidg., INJURY OCC. 21F. HOW DI 22F. HOW DI 23D. ADDRESS	IN CERTIFYING OID (If in Boltin DINJURY OCCUR? 19 6 10 4 and that in (my) (aur) death. A A A Staff Phys. 24D. LOCATION Baltimore,	pinian death accurred an the

ADDRESS 25C. FUNERAL DIRECTOR Cook-Brooks Towson 1050 York Rd. Wm.

5/8/67 - Birth certificate #54915 for Edward Ignatius Gaskins born March 23, 1894 in Baltimore, Md. to Lindsay and Alice Gaskins nee Katzenberger.

THE PRESENT OF SHIPLE SEED

OM ASOA	BALTIMORE CITY	HEALTH DEPARTMEN	T	CD 4004
BIRTH NO. 67 4264	CERTIFICA	TE OF DEAT	H Registered No.	67 4264
M.E. CASE NO. I. NAME OF DECEASED (Type or Print) Texase (Type or Print)	5	2. DAT	E AND HOUR OF DEATH	7 8-15
PLACE OF DEATH IN BALTIMORE, MARYLAND			Where deceased lived, If i	nstitution; residence before admission
FULL NAME OF (If not in hospital or institution, give oddress or location)	street	c. city or town	If outside city limits, write	RURAL and give township)
DON SECOLEST	Jospita/	D. STREET ADDRESS	(If rural, give Ideation),	Avenue
6. RACE 7. MARRIED, NE WIDOWED, D	VER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	Fublishing	11. BIRTHPLACE (Stote o	foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	hs	14. MOTHER'S MAIDEN	NAME Joha	nna Hearne
5. Was Deceased Ever in U. S. Armed Forces? es, no ar unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.		Bronx, N.Y. (6 eral Home 5628	
18.420.0 - 181.0	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) Pulm	onary edema	10 N N N N N N N N N N N N N N N N N N N	2 days
heart lailure, asthenia, etc. II means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the		,	East Disease	years
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION LUMBARY black ACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes WYCS In or obout 21C. WHERE D INJURY OCCU	Or No.) 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN While (APPROX.)	JURY OCCURRED At Not While At Work		NJURY OCCUR?	
22. I certify that (this hospital) of tended the that (we) last saw the deceased alive an and haur and fram the causes stated above.	deceased from 4 4 - 30			4 - 30 19 67
23A. SIGNATURE Borguino	M.D. Atte	ending Med.	Stoff S	23 B. DATE SIGNED
23C. PHYSICYAN'S NAME (Type) JORGE B. JOAQUINO	Phy M.D.	23 D. ADDRESS		4-30-67 PITAL
	E of CEMETERY or CR			City, town, or county) (State)
Burial 5/5/67 St. R	aymond's		Bronx,	New York
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF I	Hallent A	Wm. Cook-B		1timore, Md. 21202

Per Saidy Levine William If Oblis Ldergo Pedimenary ademis Arteriorderotic Heart Prisesse The post contatray ritual leap bladler 5 days #-25-67 Caranoms of warmy bladler yes yes 4-30-67

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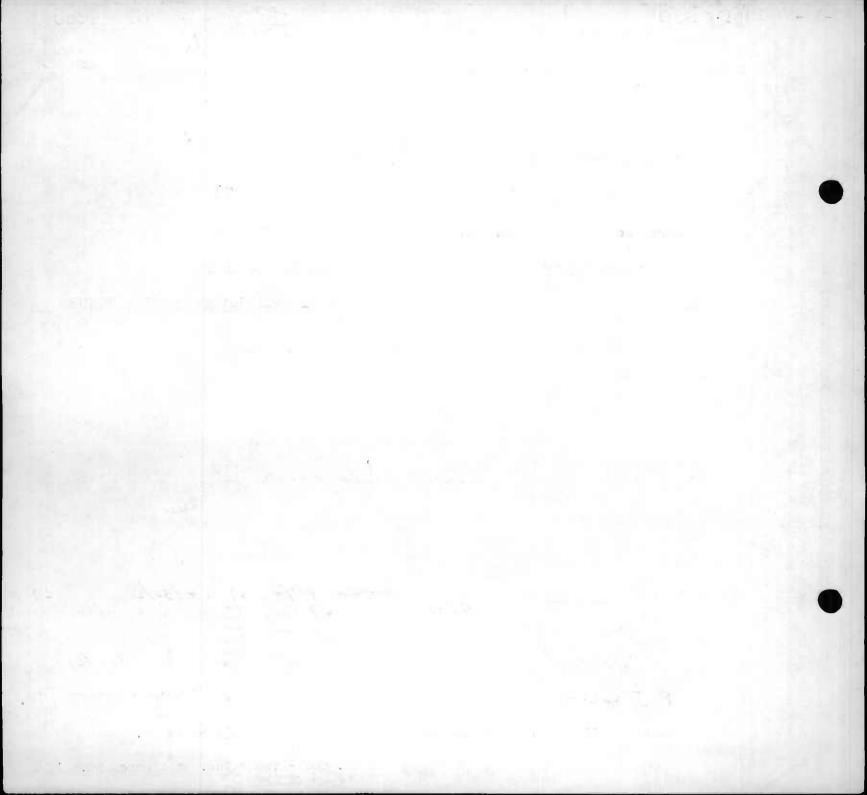
was D.O.A. shows: (1)

eceased

47-12-84 IB BALTIMORE CITY HEALTH DEPARTMENT Registered No BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 1:30 (Type ar Print) MADDEN 3 0 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give tawnship) BALTIMORI D. STREET ADDRESS (If rurol, give location) BALT. CITY HOSP BANK EASTERN AVENUE BALTIM RE. made MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH S. SEX 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours lost birthday WID WED 4/26/69 78

16A. USUAL OCCUPATION [Give kind of work 10B. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 126/89 12. CITIZEN OF tion WHAT COUNTRY? done during most of working life, even if retired) U SA MARYLAND 125 A Own Home Housewife 13. FATHER'S NAME disposi 14. MOTHER'S MAIDEN NAME IAMES HENRY

15. Was Decoased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) WHEELER 17. INFORMANT 6. SOCIAL ADDRESS final SECURITY NO. RECORDS_BCH_4940 EASTERN No INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed Brukets LEADING TO DEATH This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 219. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined be obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While I (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram 4/30 that (I) (we) last saw the deceased olive on .19 6.7 and that in (my) (our) opinion death occurred on the date and haur and fram the sauses stated above. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23 8. DATE SIGNED M.D. Attending Med. Stoll Phys. Director Phys. 6 approval 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type MILLEON HOSP 4940 EASTERN 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY XX 5/3/67 Burial Baltimore Baltimore, Md. 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Cook-Brooks Inc. Baltimore, Md. 21202

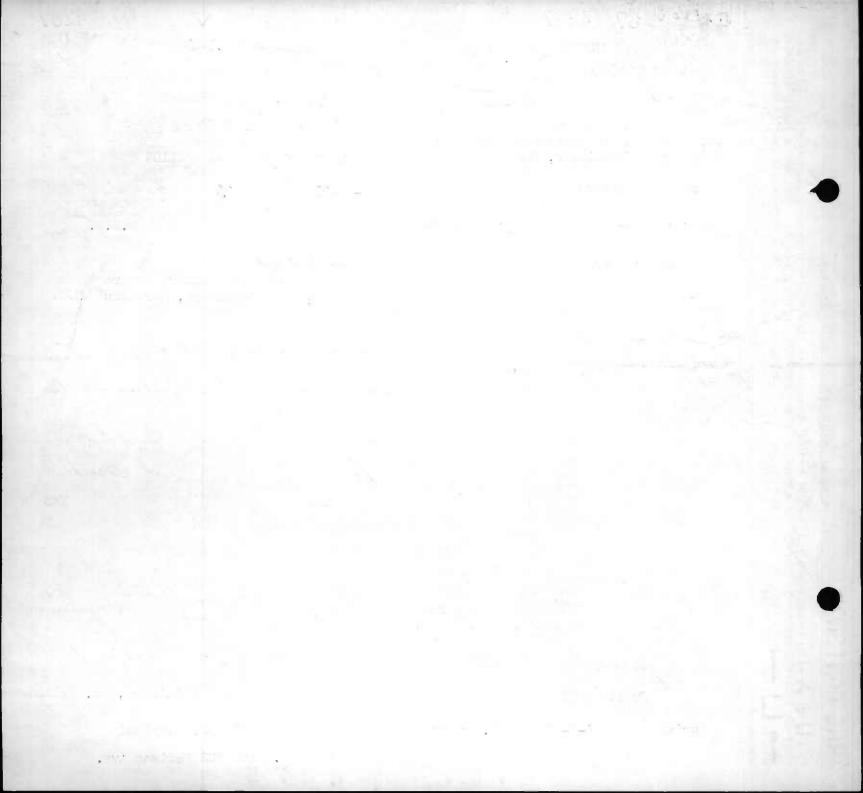


BALTIMORE CITY HEALTH DEPARTMENT

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	TOUT	

M.E. CASE NO.	,,,,,,	ICAL EXAMINER'S				
. NAME OF DE Type or Print)	JAMES	m. Ross	2. DATE AN	D HOUR PRONOUNC	ED DEAD	
DI ACE IN DAI			7-2	4-61	11- A	
. PLACE IN BAL	IIMOKE MAKILAND, W	HERE PRONOUNCED DEAD	A. STATE MA-DVIAS	B. COL	titution: residence before odmissi JNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN (If outside	e corporate limits, write	e RURAL and give township)	
OSPITAL OR			BALTIMERIE 20-0			
16/10	HERAN HOS	DITM	D. STREET ADDRESS (If rural give location) 531 N. PULASKI ST.			
	DEJETTIO .	7				
SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months, Doys, Hours, Mi	
MIKE	NEGRO	MATRIED	VAN-4-192	44		
	CUPATION (Give kind of working liver over if retired)	NOB. KIND OF BUSINESS OR INDUS			12. CITIZEN OF WAT. COUNTRY?	
HIPPIN	VG (SORK	DEPT Stone		INGINIA	95A	
FATHER'S NA	ME		1	14. MOTHER'S MAIDEN NAME		
415	7 16085		NANNIE LANTER			
	eb ever in U.S. ARM El		17. INFORMANT	> 43	ADDRESS	
453	awi	24128-3143	CORNOLIA P	035 531	NPULASKI S.	
1.112	0,0	CAU	SE OF DEATH	The second	INTERVAL BETWEE	
DISEA	SE OR CONDITION D	IRECTLY M. CO.	-21-21-22			
(This done	LEADING TO DEATH	(A) /+K7	ERIOSCLERUTIC	HENRY DI	SFASE	
neon tollure	not meon the mode of e, osthenio, etc. It meon amplication which coused	s the disease,				
injuly of co	ompression which coused	decini,				
	ANTECEDENT CAUSE	(B)	******************		·w. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
RISE TO TH	OR CONDITIONS, IF A	TATING THE				
	ING CONDITION LAST.	(C)	***************************************			
	11					
TO THE	DEATH BUT NOT RE	CONTRIBUTING				
DISEASE	OR CONDITION CAUSIN	G IT				
19A. DATE O		NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI		
, 0	AL CAUSE WAS	DIR DI ACE OF INTHESY (in the Marc WHERE DID	(If it But City		
UNDERLYING	OR CONTRIB-	home, form, factory, street,	office bldg., INJURY OCCUR?	tit in Boltimore City, gi	ive exact location?	
	USE OF DEATH.					
OF INJURY	(Month) (Doy) (Yes			JRY OCCUR?		
(APPROX.)		m. WHILE AT NO	WORK			
22.	rtify that I held on	Inquiry Inspection	ond that on th	is bosis, deoth in r	my opinion	
1	Ited from: Notural co			Undetermined monn		
1000		/ / A	CHIEF MEDICAL EX	[9:9]		
ACTUA		Tulien	D. ASSISTANT MEDICAL EX		DATE SIGNED	
SIGNAT		М.	ASSOCIATE MEDICAL E		4-30-67	
NAME		L S. FISHER, M.D.	ASSOCIATE MEDICAL E	NAME OF THE PARTY		
A. BURIAL CRI	EMATION, 23B DATE	23C. NAME of CEMETER	or CREMATORY 23D. L		, town, or county) (State)	
SEM UT	V4/2/1	7	1)4	NUILLE	VA	
A. DATE REC'E		24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS	
			manhavol.	125NP	icmor St	
-	4AV 0 4007	DO RE Fallenne	Many Many	100000	15410 00	
	MAY A IMP	THE PARTY OF THE P		7		

Jan 4 923 Germany 4 4 Suppose Clase Jake Stone HADINE GARRER Alex Ross AS MAIL SHIREIMS COUNCER KOOK RITHER EN DRAIDIERE VA Femore V/3/67 Transfer & Hope C. Sales wire St.



					BALTIMORE CITY HEAL			C7 40	
	CASE NO.	4268	MEDI	CAL EX	AMINER'S C	ERTIFICAT	TE OF DEATH	Registered No.67 42	
1. N.	AME OF DI	CEASED					2. DATE AND HOUR PRO	NOUNCED DEAD	
туре	. 01 (11111)		O'	ris	PLENTY	4-30-67 10:50 AM			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION					INCED DEAD	A STATE B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
10	001 W.	LaFayet	te Str	eet - A	mb. Crew #4	D. STREET ADDRESS (If rurol, give locotion)			
0	0					1001 W. LaFayette Street 21217			
	Male Colored		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Married		5-6-189	lost birthd	n yeors If Under 1 Yr. If Under oy) Months Doys Hours		
	to A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR done during most of working life, even if refired) Chaulieur				BUSINESS OR INDUSTRI		State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY?	
13. FA	ATHER'S NA	ME				14. MOTHER'S MAIDEN NAME			
	James	Plenty				Louisa Farmer			
15. W	AS DECEAS	ED EVER IN U	.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
Yes,	Yes, no or unknown) (If yes, give wor or dotes of service) XECURITY NO. 220-18-9873				220-18-9873	Annabell Plenty			
	(This does heart failur injury or co	ASE OR CON LEADING not meon the re, ostherno, etc omplication whi ANTECEDEN OR CONDIT HE ABOVE CA	TO DEATH e mode of the mode of the means ch coused of CAUSES IONS, IF A	dying e.g., the disease, death.)	(A) Arter DUE TO (B) DUE TO	ioscleroti	ic cardiova s cu	lar disease	
o -					(0/				
ERTIFICATION	TO THE	II GNIFICANT CO DEATH BUT OR CONDITION	NOT REL	ATED TO T					
CERT	9A. DATE C	F OPERATION	198, CON WAS PERI		WHICH OPERATION	20A. AUTOPSY		WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?	
EDIC	INDERLYING	AL CAUSE WA	B	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. W	VHERE DID (If in Boltimore OCCUR?	e City, give exoct location)	
C	OF INJURY APPROX.)	(Month) (I	Doy) (Yeor		VHILE AT NOT AT W	WHILE	DW DID INJURY OCCUR?		
2		ertify that I h	latural cau		Inspection X Au	e Hamici	d that an this bosis, de		

ACTUAL SIGNATURE

ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER

5-1-67

(Stote)

23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 5-4-6 5-4-67 24A. DATE REC'D BY HEALTH DEPT.

EXAMINER'S NAME (Type)

23C. NAME of CEMETERY or CREMATORY Baltimore National

Baltimore, Maryland

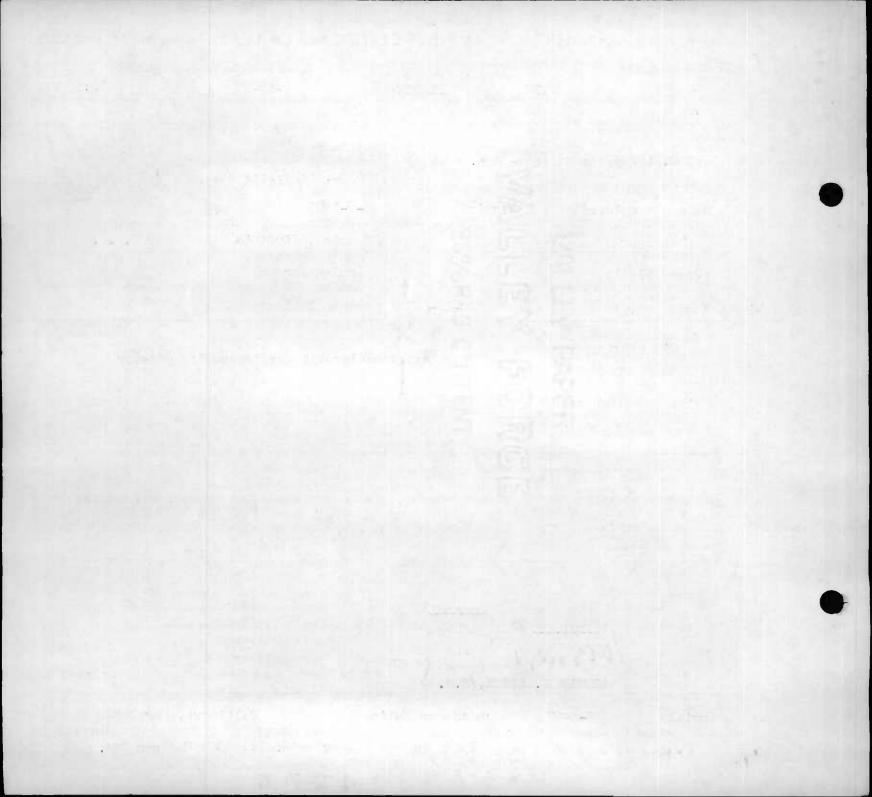
(City, town, or county)

248, NAME OF REGISTRAR

WERNER U. SPITZ, M.D.

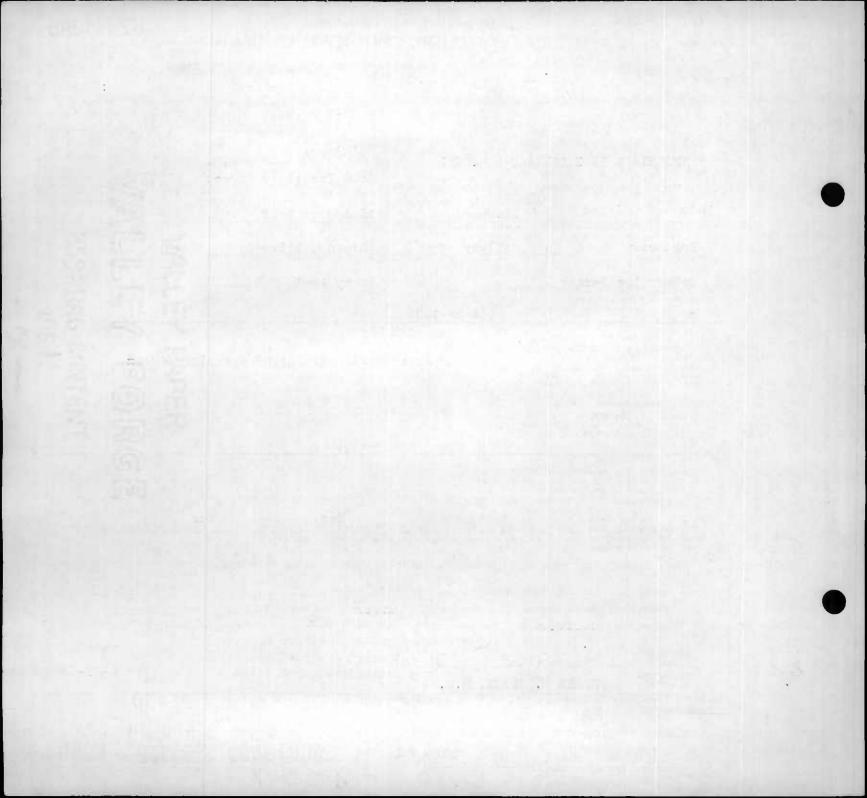
24C, FUNERAL DIRECTOR Charles R. Law 802 Madison Ave.

23D. LOCATION



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

0	1	67 4269 BALTIMORE CITY HEALTH DEPARTMENT 67 4269						
1.	626	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.						
		I. NAME OF DECEASED (Type or Print) ANDREW ANDREW ANDREW ANDREW ANDREW PARKER 2. Date and hour pronounced dead 4-24-67 4:20 PM						
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY						
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore						
		MARYLAND PENITENTIARY HOSPITAL D. STREET ADDRESS (If rurol, give locoson) 1624 Pressbury Street 21217						
		5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Divorced 25 August 1912 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.						
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Lengineer Railway Chicago, Illinois USA						
		13. FATHER'S NAME ROBERT Lee Parker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS						
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no at unknown) (If yes, give wor at dates of service) NO 17. INFORMANT ADDRESS 218-05-1034						
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, (C)						
		OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
		Yes Yes						
		21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNING CAUSE OF DEATH. 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID lift in Boltimore City, give exact location) home, factory, street, affice bldg., INJURY OCCUR? etc.)						
		21D TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURED 21F, HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT NOT WORK						
		I certify that I held on Inquiry Inspection Autopsy Ond that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner						
		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4-25-67 WERNER U. SPITZ, M.D. ASSISTANT MEDICAL EXAMINER 4-25-67						
		23A, BURIAL CREMATION, REMOVAL (Specify) 23B. DATE MAY 1 1967 (Stote)						
		MAY 2 1967 Robert E. Forley MORTUARY SERVICE - BCHD						
		VS 151-RFV, 1/1/65						



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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. RTIFICATE OF DEATH Registered No. M.E. CASE NO. I, NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) JOHNSON 3. PLACE OF DEATH IN BALTIMORE, MARYLA 4. USUAL RESIDENCE (Where deceased lived. institution; residence before admission) Maryland FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If ruiol, give location) 4940 Eastern Avenue Baltimore Maryland 1111 Forrest Street 21202 5. SEX MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yı. Months: Doys 6. RACE 9. AGE (In years If Under 24 Hrs. Never Married Hours lost birthdoy 9-10-1920 male Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bennie Deila Ashe 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. 21224 Records: BCH-4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving la the obove cause (A) stating the UNDERLYING CONDITION last. ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from thoy (1) (we) lost saw the deceased alive an ond that in(my) (our) opinion death accurred on the date and hour and fram the causes stated above. (We) (did) (did not) view the body after death. 23A. SIGNATURE

Stoff

23 B, DATE SIGNED

M.D.

M.D.

Attending

23D. ADDRESS

Phys.

4940 Eastern Avenue, Baltimore, Maryland 21224 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

Med.

Director

REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEP

25C FUNERAL DIRECTOR

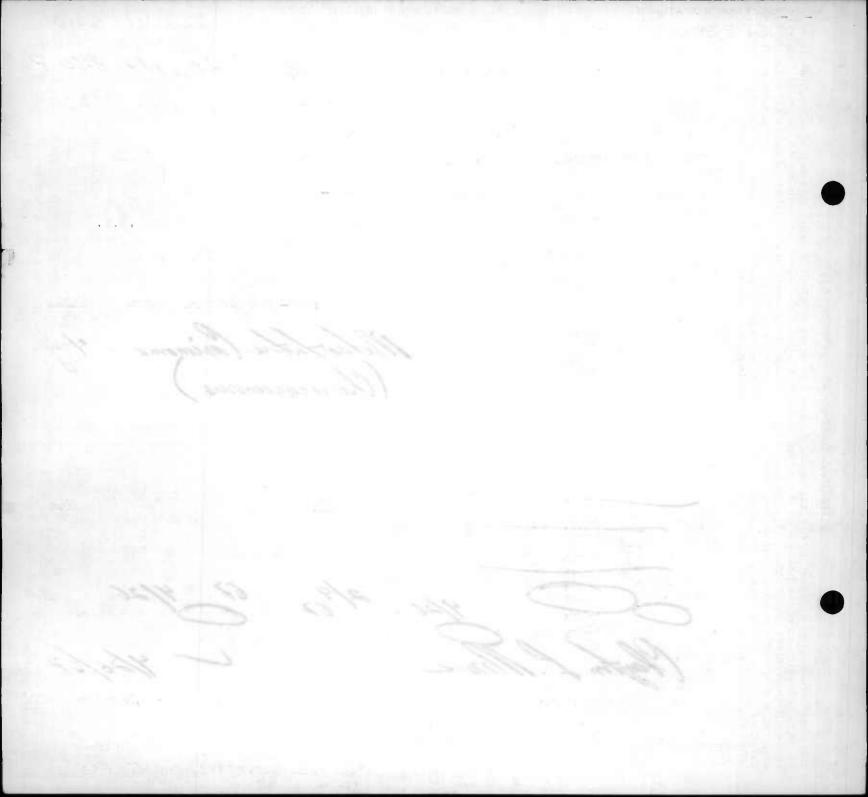
ADDRESS

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE

23 C. PHYSICIAMS

Clayton Moravec



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

TATE OF THE PARTY OF THE PARTY

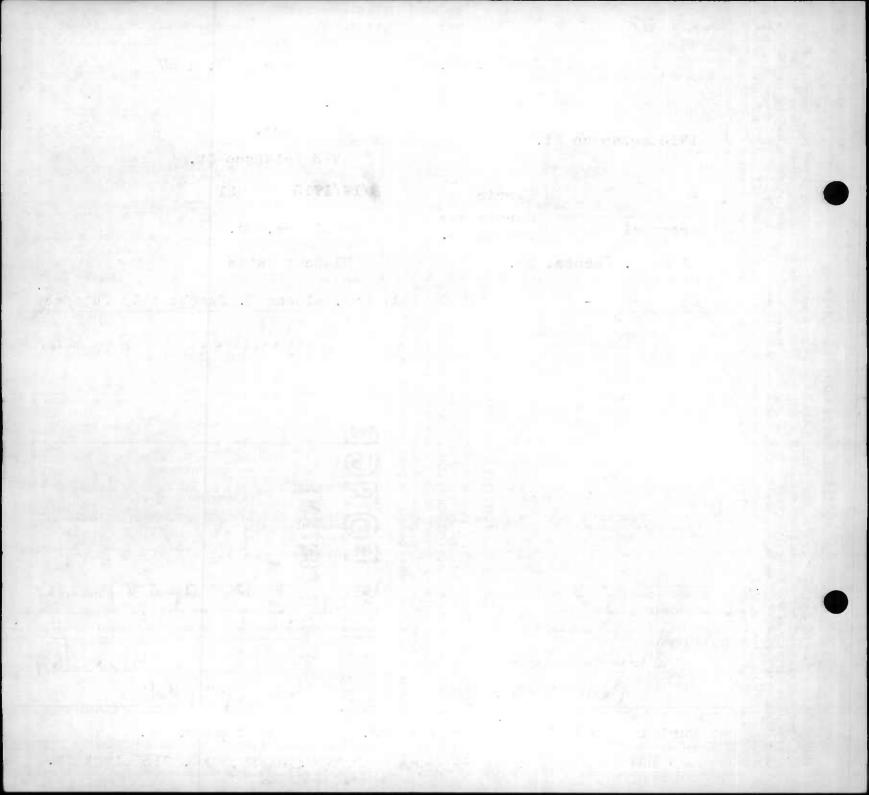
67 4272	BALTIMORE CI	TY HEALTH DEPARTMENT	CM AGREE
BIRTH NO.	CERTIFIC	ATE OF DEATH Registered	No. 67 4272
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) VIOLA	SPRIGGS	2. DATE AND HOUR OF D	15:00 P
3. PLACE OF DEATH IN BALTIMOR	MARYLAND	4. USUAL RESIDENCE (Where deceased live	d. If institution: residence before admission
FULL NAME OF (If not in ho HOSPITAL OR oddress or I	spital or institution, give street acotion)	MARYLAND C. CITY OR TOWN (If outside city limits,	write RURAL and give lawnship).
	PKINS HOSPITAL	BALTIMORE	0-02
33	PRINS HOSPITAL	D. STREET ADDRESS (If tutol, give location 1035 ORLEANS ST.	on)
FEMALE NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 6-22-32 9. AGE (In year	s If Under 1 Yı. If Under 24 Hrs Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind done during most of working life, even if re	tired)	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	uge	14. MOTHER'S MAIDEN NAME	70-074
FRED LANE	1	LUCILLE Pouter	
5. Was Deceased Ever in U. S. Arm Yes, no oi unknown) (If yes, give wai	ed Forces? of dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18. / / / / / / / / / / / / / / / / / / /	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITIO			ONSET AND DEATH
LEADING TO DE		Acute renal failer	a sday
(This daes nat meon the mo			
injury or complication which c		mulana 1 Loutons	in Man-
ANTECEDENT CA	USES (B)	magnine yperien	yer -
DISEASES OR CONDITIONS	AAA AAA AAA		
use to the above couse UNDERLYING CONDITION to			
11			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT	RELATED TO THE		
DISEASE OF CONDITION CAU	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED
¥ 4-23-67 \$	SPECTED MESENTERI	C THROMBOSE YES NO	
O 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notify medical examiner)	ING 218, PLACE OF INJURY (e.g.		oltimore City, give exact location)
21D. TIME (Month) (Doy)	(Yeor) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not W		
22 I cartify that (I)(this ha	spital) attended the deceosed fram		4/29 19 6
that (1) (we) lost saw the de	(Dua 11	6'01 0-	r) opinian deoth accurred on the da
	s stated above (1) (We) (did) (did nat	. /	ar, opinion decired on the de
23A. SIGNATURE	s stated above to (we hard har	, view the body after death.	23B, DATE SIGNED
-Tab-Heir	me the M.D.	Attending Med. Stoff	4/20/19
23C. PHYSICIAN'S		Phys. Director Phys. 23D. ADDRESS	1/9/10/
NAME (Type) AH-HS	lung Hou M.	ME JUIN FIOPA	ins taspital
24A. BURIAL CREMATION, 24B. DA	24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION	(City, town or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT	3-67 / UT EUSEN	25C. FUNERAL DIRECTOR	ADDRESS
MAY 2. 191	7 Rose & E. Farley MA	Alroy/apr - lan 11	ronkrow touch.
VS 150-REV. 1/1/65	7	The state of the s	- y umay ra

hate pool follow-Wellfrand System Upor 6.0 the 12 00 TAH-HS was How the who Hops

CM AGM	BALTIMORE CITY HEALTH DEPARTMENT	X 67 4273
ыкти но. 67 4273	CERTIFICATE OF DEATH Reg	istered No. 42/3
M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)	2, DATE AND HOU	
Frank C. Geiss	2	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	sed lived. If institution: residence before admission)
FULL NAME OF (If not in hospitol or institution, give	e street Maryland F:	rederick County
HOSPITAL OR address of location)		limits, write RURAL and give township)
Institution ohns Hookins	Walkersville	60-00
CERTIFICATE AME	D. STREET ADDRESS (If rurol, giv	e locotion)
WHITE ARE A COLOR	5-2-67	
5. SEX 6. RACE White 7. MARRIED, N WIDOWED,	EVER MARRIED B. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr., If Under 24 Hrs.
	- /2 - /	
10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF B	USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign count	try) 12. CITIZEN OF
done during most of working life, even if retired)		WHAT COUNTRY?
Jounday Worker Cambris	be Rubby W. Maryland	W. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles F. GEISINGE	R Alva Colve	Cover
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ilf yes, give wor or dates of service)	6. SOCIAL 17. INFORMANT	ADDRESS
The state of the state of the state of services	SECURITY NO.	
NO S	17-12-2831 Mrs George Slicker	ger, Walkersville, Ms.
18.3 4-0,01	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) cardiac arrest-	500510 11 0
(This does not mean the made of dying, e.g.,	DUE TO	sepsis 4 days
heart failure, asthema, etc. It means the disease, injury or camplication which caused death.)	11	1 untonour
	in whenix Andlow brow	ideoppeurum 3
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stating the	IC)	
UNDERLYING CONDITION last.	107	
П		
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		2
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	massive surgicial st	ress
19A. DATE OF OPERATION 19B. CONDITION FOR WI	ICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. I	F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
1 4/3/167 Blood sure Go	stry Wes Yes	No
OR CONTRIBUTING CAUSE OF	ACE OF INJURY le.g., in or about 21C. WHERE DID form, factory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
DEATH (notify medical examiner)		
21D. TIME Month) Doy) Year) (Hour) 21E	NJURY OCCURRED 21 F. HOW DID INJURY OC	CUR?
Work	At Work	478
22. I certify tha (1) this hospital) attended the	11/20	to 17 \$0 1967,
that(I)(we) last saw the deceased alive an	19 and that ir (m	(aur) apinian death accurred an the date
and haur and fram the causes stated abave	(did)(did)(did)(did) view the bady after death.	
23A. SIGNATURE		23 B. DATE SIGNED
Flored T. Base	M.D. Attending Med. Stoff Phys.	3 428 67
23C.PHYSICIAM'S NAME (Type)	23D. ADDRESS	
	M.D. Tohna Honlai	na Hoamital
	The Johns Hopki	
REMOVAL (Specify)	10: +0 + T	. 1
Durial 21/01 Mt.	There cometery trede	rick, Md.
MAY 2 1967 P. L. B 2	25C. FUNERAL DIRECTOR	ADDRESS
	1 De Parlon	. Walkersville, md.
VS 150-REV. 1/1/65		

V.S. 153 5-2-67 M.H.

	ITY HEALTH DEPARTMENT
BIRTH NO. 67 4274 CERTIFIC	CATE OF DEATH Registered No. 67 4274
M.E. CASE NO.	2, DATE AND HOUR OF DEATH
(Type or Print) JOHN EDWARD JACOBS. JR.	April 27, 1967
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence befare admission)
	A. STATE B. COUNTY
FULL NAME OF (If nat in haspital or institution, give street HOSPITAL OR address or tacotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	50 10
1713 Patapsco St.	Baltimore, 25-03 D. STREET ADDRESS (If rural, give location)
00	1713 Patapsco St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	
M W Married (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired) Curtis Bay	WHAT COUNTRY?
Personnel Towing Co.	Baltimore, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John E. Jacobs, Sr.	Blanche Watts
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS St.
	11 Mrs. Aldean S. Jacobs 1713 Patapsco
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	Leening Vancues & months
(This does not mean the made of dying, e.g., DUE TO heart failure, osthenia, etc. It means the disease,	
injuly of complication which caused death.)	
ANTECEDENT CAUSES (8) DUE TO	
DISEASES OR CONDITIONS, if any, giving	
ise to the abave cause (A) stating the (C) UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
EN I	
OR CONTRIBUTING CALISE OF home form factory street	g., in or about 21C. WHERE DID (If in Boltimore City, give exact location), office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Work At W.	
22. I certify that (I) (this hospital) attended the deceased fram	Jan 1966 10 april 2) 1967.
that (1) (we) last sow the deceased alive an Upil 26	196 ond that In(my) (aur) apinion death accurred on the date
and hour and from the causes stated obave. (1) (We) (did) (did not	
23A. SIGMATURE	23B. DATE SIGNED
Marel Schooled M.D.	Attending Med. Stoff Phys. Stoff Phys. 5
23C. PHYSICIAN'S NAME (Type) PRUL Sehmfold M.	23D. ADDRESS D. (23D.) ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERY OF	CREMATORY 24D, LOCATION (City, town, or county) (Stote)
REMOVAL (Specily)	
Burial 5/1/67 Cedar Hill	Cem. Baltimore, Md.
44.414.0	
	JOHN F. DENNY, INC. 715 Light St.
VS 150-REV. 1/1/65	9



BALTIMORE CITY HEALTH DEPARTMENT

67

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E	CASE NO.								
I. I	NAME OF DEC	CEASED				2. DATE AND	HOUR PRONOUNCE	ED DEAD	
			MA	RAMA PURAM		Apr	il 26, 1967		3:35 P M.
FUL HO:	L NAME OF SPITAL OR TITUTION	(IF NOT I		RONOUNCED DEAD	A. STATE Ma	ryland	eceosed lived, If insti B. COU carparate limits, write	NTY B	e before admission)
	, _	inai Hos	pital		D. STREET ADD	ltimore ORESS (If rurol, g O7 Kyser			3-00
5. S	Ex Female	6. RACE Whit	WIDO	RRIED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRT		9. AGE (In years last birthday)	If Under 1) Months Day	fr. If Under 24 Hrs.
done M	during most of codical	working life, ever Secreta:	if retired)	ys. Office	New Ye	rk City	country)	12. CITIZEN CONTRACT CONTRACT	OUNTRY?
15. V	VAS DECEASE	o Ferrei	LTA S. ARMED FORCE war ar dotes of se		17. INFORMANT	erreira	Nee Corto	ADDRESS	21208 ser Rd.
NO	(This daes head foilure, injury or con DISEASES RISE TO TH	LEADING T not meon the , osthenio, etc. mplication whice ANTECEIDENT OR CONDITIO E ABOVE CAI NG CONDITIO	mode of dying. It means the di h coused death.) CAUSES ONS, IF ANY, GI JSE (A) STATING	e.g. (A) Her DUE TO	nothorax	rta.			ERVAL BETWEEN
AL CERTIFICATION	TO THE DISEASE OF	DEATH BUT	19B. CONDITION	TO THE	Ye	S	DB, IF YES, WERE FIN	SES OF DEATH	Yes
MEDIC	UNDERLYING → CAU 21D TIME OF INJURY (APPROX.) 22.	OR CONTRIB- ISE OF DEATH (Month) (D 4 tify that I he ted from: No	ay) (Year) (Ho 26 ¹ 67	Pm. WHILE AT Summer Sum	RED 21F. H NOT WHILE X Dr. Autopsy X an sicide Hamic CHIEF M M.D. ASSISTANT M	to. Belty ow DID INJUR iver of a d thot on this ide Un LEDICAL EXA	way & Jones y occur? auto which bosis, deoth in m determined monne MINER MINER	ran off	Expressway
	BURIAL CRE NOVAL (Specify Buria	MATION, 23E	DATE 5/1/67	Druid Ridge	ERY or CREMATORY	Pike	sville, Md.	town, ar caunt	y) (State)
24A		MAY 2	DEPT. 24B. I	NAME OF REGISTRAR	7	AL DIRECTOR	728 Liberty	ADD	
VS	151-REV. 1/1/	65	36 D	9 6 7 0	0042	2 8 3			

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Table 1 10000	All SECT - margi pulturali i al		

	FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by	This certificate must be approved by the chief medical examiner or his assistant if death occ	f death occ
the body was released to the hospiti	the body was released to the hospital by a medical examiner. Also, it the direct or contr	ct or contr
shows: (1) An accident of any nature;	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeterm	Undeterm (
was D.O.A. at a hospital (except wh	was D.O.A. at a hospital (except where the physician who pronounced death was in reg	vas in reg
deceased prior to death); and (6) N	deceased prior to death); and (6) No physician was in regular attendance on the decease	he decease
written approval must be obtained b	written approval must be obtained before the remains are embalmed or final disposition is n	osition is n

1. N	TH NO. 67 4276 E. CASE NO. HAME OF DECEASED		TE OF DEATH	Registered No	67 4276
	pe or Print) Francis E. E	Peck		26th, 196	
	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (It not in hospitol or institut	tion give street	A. STATE B. COUNTY Maryland	eceosed lived. If ins	titution: residence before admission
- 1	HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside	e city limits, write RI	JRAL ond give township)
	Saint Agnes nos	-	D. STREET ADDRESS (IF juro	ore	53-00
	HoCaton & Wilkens	2129	500 Milford	Mill Rd	1. 21208
5, \$	M M wild	RIED, NEVER MARRIED OWED, DIVORCED (specify) MARY 1 Cd	?	AGE (In yeors birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	N. USUAL OCCUPATION (Give kind of work 10 B. KIN) to during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	Jan 5 1891 11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
M	achine Operator Good	Year Rubber Co.	Myersdale, Penn	A.	U.S.A.
13.	Jonas Peek		14. MOTHERS MAIDEN NAME Elizabeth Sass		
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.			17. INFORMANT		ADDRESS
	N•	219-93-9950	Mrs. Athel V. Pe	ek- 500 Mi	lford Mill Rd.212
	18. 3 3 1 X I	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	·	1.	0-1	1
	(This does not mean the mode of dying,	e.g., DUE TO	bro-resente	1 oecide	4
	heart failure, aslhenia, etc. It means the disc injury or complication which caused death.)				
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, gi	iving			
	rise to the obave cause (A) stating UNDERLYING CONDITION last.	lhe (C)			
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO				
CAI	DISEASE OR CONDITION CAUSING IT.		20 A. AUTOPSY? (Yes or No) 2	OB, IF YES. WERE FI	NDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			N CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
1 CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
V	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJUR	OCCUR?	
DICA	OF INJURY (APPROX.)	While At Not While At Work			
MEDICAL	22. I certify that (I) (this hospital) attend			**	19
	that (I) (we) last sow the deceosed olive			tain(mv) (aur) apin	ion death accurred an the da
				,, (201) 0	
	ond haur and fram the causes stated above	ve. (i) (we) (did) (did noi) v			
	ond haur ond from the causes stated above	ve. (1) (we) (ala) (ala hor) v			23B, DATE SIGNED
			nding Med. Sto	ff rs.	23B, DATE SIGNED
	23A SIGNATURE 23C. PHYSICIANS NAME TIME	M.D. Atter	nding Med. Sto. Oirector Phy	ff s.	238, DATE SIGNED
	234-SIGNATURE	M.D. Atte		ff.	23B. DATE SIGNED
	234_SIGNATURE 23C. PHYSICIAM'S NAME (Type) Esth A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	M.D. Atter	3D. ADDRESS		238. DATE SIGNED (, town, or county) (Stote)
WEDI	23A_SIGNATURE 23C.PHYSICIAN'S NAME Trype Esth A. BURIAL CREMATION, REMOVAL (Specify) Burial 4/28/67 L	M.D. Atterned to the Physical Action Action Cemeters of Creater Cake View Cemeter	MATORY 24D. LOC.	ATION (City	roll Co. Md.
WEDI	23A_SIGNATURE 23C.PHYSICIAN'S NAME Trype Esth A. BURIAL CREMATION, REMOVAL (Specify) Burial 4/28/67 L	M.D. Atterned to the Physical Action of CREST AND ACTION OF CREST	MATORY 24D. LOC. Liber 25C. FUNERAL DIRECTOR	ation (City Rd. Car	r, town, or county) (State

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-316 07 4000	BALTIMORE CITY	HEALTH DEPARTMENT		OM 4010
BIRTH NO. 3 0/ 42/7	CERTIFICA	TE OF DEATH	Registered Na	6/ 4277
M.E. CASE NO. 1. NAME OF DECEASED	,	2. DATE A	ND HOUR OF DEATH	FF
(Type or Print) Stailens FAILLIA	1 4.	at.	- 27-107	30
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh A, STATE B. COU	ere deceosed fived. If inst	titution: residence before odmission)
FULL NAME OF (If not in hospital or institution, g	ve steet	Marula	and.	Harded Co.
HOSPITAL OR address or location)	, /	C. CITY OR TOWN (If o	utside city limits, write RU	JRAL and give (township)
Ben Secours	NOSP.	11116	I - Abi	s. Ason 162-28
34 2011 000010		D. STREET ADDRESS (f ruiot, give tocotion)	0
		136	Joborn 1	road
	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
11 W Wide	Wed	11-11-93	73	
IDA. USUAL OCCUPATION (Give kind of work) 10B. KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney Lega:	l Professio	n Maruli	and.	U.S.A.
13. FATHERS NAME		14. MOTHERS MAIDEN N	AME	
Joseph Stayens		Annie E	Parlett	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give was or dates of service)	SECURITY NO.	-A Marie Me	agino Rel	timore, Md.
NO 18. /	213-38-9904 CAUSE 0		SSINA, DAI	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE	PUEATR	1	ONSET AND DEATH
LEADING TO DEATH		Dul month	Ru edemo	100
(This does not mean the made al dying, e.g.,	DUE TO	pamor	1 -0000	Less
heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		DO DOS	1.	
ANTECEDENT CAUSES	(B) 000	Ne 10 Care	momei a	Allen 1 yea
DISEASES OR CONDITIONS, if any, giving	DUE TO	0 0	_	
rise to the above cause (A) stating the	(C) lue	lung.	a me	And In
UNDERLYING CONDITION last.		/	0	10001000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Ra	Vin Na Town	Tapin	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	- 0/10	un renco	100000	
	HICH OPERATION	20A. AUTOPSY? (Yes or N	10) 20B, IF YES, WERE FI	NDINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
DEATH (natify medical examiner)	,,			
W OF INTUINY	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	e At Not Whil	e		
22. I certify that (I) (this hospital) attended th		1011	1967 10 4	197 1962.
	/// On	10 / 2 - 1	- //	~ 7
that (I) (we) lost saw the deceased alive on	7/27	- ,		ian death occurred on the date
ond hour ond from the couses stoted obove. (1)	(We) (did) (did not) v	riew the body ofter deoth.	,	23B, DATE SIGNED
HH - (2/1)	1/2//M.D. AH	ending Med. Director	Stoff T	4/97/12
23C. PHYSICIAN'S	Phy	23D. ADDRESS	Phys.	1/2/10/
NAME (Type)	/2:/2-1: M.D.	Ran	SOCALIV	« Umpilal
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CR	MATORY 24D	LOCATION (City	5 1-100/01/191
REMOVAL (Specify)				, town, or county) (Stote)
Burial 1 May 67 St	PaulaLuthe			apford) Md.
MAY 2 1967 (18 NAME OF STATE O	E tarberma	25C. FUNETAL DUECTO	Haroulus L	ADDRESS
	C, Marinari, and	Targing	uneral Hom	e, Aberdeen, Md.
VS 150-REV. 1/1/65	0 / 0 0	1 6 6	57	

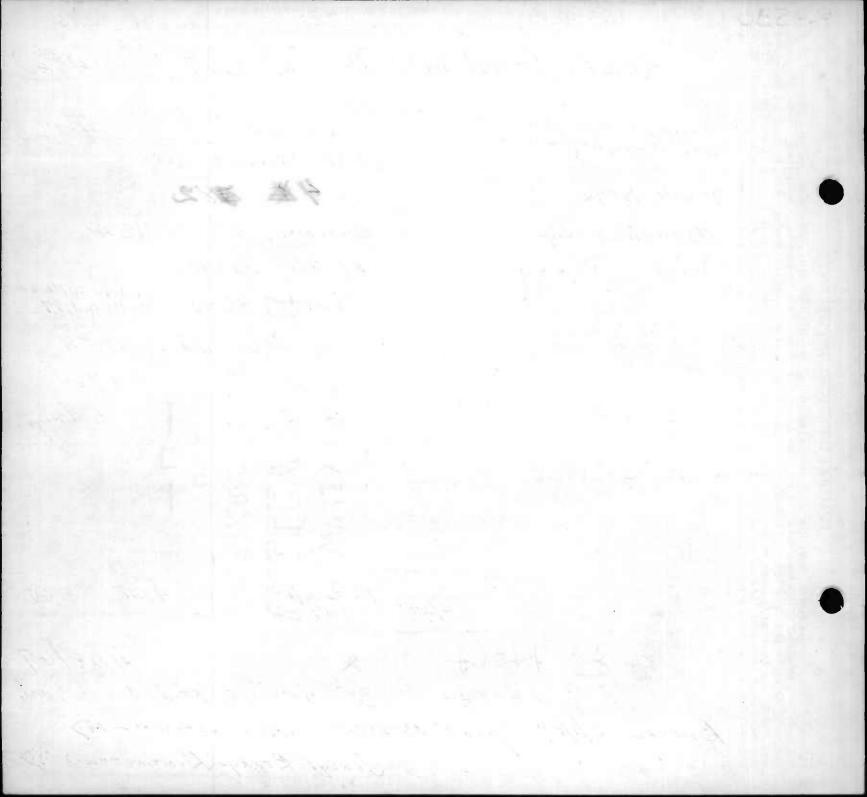
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	67 4278	BALTIMORE CITY	HEALTH DEPARTMENT	Olev
BI	RTH NO.	CERTIFICA	TE OF DEATH Registered No.	67 4278
	.E. CASE NO.			
	NAME OF DECEASED		2, DATE AND HOUR OF DEATH	
(1	ype or Print)	DON FRE	2D APRIL 2-8,196	7 11/15 4
	WITCH	1010		T M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived! If institute. A. STATE B. COUNTY	ition: residence before admission)
			10000	
- 11	FULL NAME OF (If not in hospital or institution,	give street	(Y)H(< V/A)(L)	
Ш	HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, write RUR	AL and give township)
- 11	INSTITUTION		BAITIMORE	211-14
	UNIVERSITY OF MARY	1-0211	DITLIMULL	2/-0/
	THICK	MAR	D. STREET ADDRESS (If rurol, give location)	
	28 HOSPITAL		1306 E COLDSPRING	IANE
				-/1/64-
5.		, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	Under 1 Yr. If Under 24 Hrs.
		D. DIVORCED (specify)		onths Days Hours Min.
	WILLE DOLLINE BAR	ACCIED	10/29/13 53	
	A. USUAL OCCUPATION (Give kind of work 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF
do	ine during most of working life, even if retired) SOCIA	4		WHAT COUNTRY?
1	LAIMS AUTHORIZER SEC		PENNSYLVANUA	USH
12	FATHER'S NAME	DICII	MANOTHER'S MAIDEN NAME	
11'3	FAIRERS NAME		14. MOTHER'S MAIDEN NAME	
	[.N. 1. 1.0.1A 1.101 LED		ANIA LITTE	
	WILLIAM WHLEVE		MINI NIIIKE	
15	. Was Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
110	es, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Man America II II. I learn 11	one E Cold Con
	YES ? W. W. II	171-07-2768	Mrs. Agnes H. Walker 1	306 E. Cold Spr
	18. / / D	CAUSE OF	E DEATH Lane	INTERVAL BETWEEN
	162.	CAUSE OF	DEATH	ONSET AND DEATH
Ш	DISEASE OR CONDITION DIRECTLY			
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	(This does not mean the mode of dying, e.g.	(A) 1	I-U19/01/C/11	1 13/1/
Ш	heart foilure, osthenio, etc. It means the disease			
	injury or complication which caused death.)	,		
		4 804		
	ANTECEDENT CAUSES	DUE TO		***************************************
	DISEASES OR CONDITIONS, if any, giving			
	rise to the above couse (A) stoling the	BR	MNCHINGEX//C	6-12 MONTH
	UNDERLYING CONDITION last.	(0)	CARCINOMA	WASLETT-
	ONDERETING CONDITION ISSI.		CARCINOMA	
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2		IG		
	TO THE DEATH BUT NOT RELATED TO THE			
	DISEASE OR CONDITION CAUSING IT.			
NOIT & DISITER	19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE FIN	DINGS CONSIDERED
1 6	WAS PERFORMED	01 8/0015	IN CERTIFYING CAUSE	S OF DEATH?
	717/61	AGNOS15	The state of the s	
	OR CONTRIBUTION CALLER OF	B. PLACE OF INJURY (e.g., in me, form, factory, street, of	fice bldg. INJURY OCCUR?	ty, give exact location)
	DEATH (notify medical examine)		and and an	
3	21D. TIME (Month) (Doy) (Year) (Hour) 216	. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
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		olk Al Work	□ /	/-
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	22. I certify that (I) (this hospital) attended	rne deceased fram	4/14 1967 10 7/4	19 ,
	that (I) (we) last saw the deceased alive an	4/27	19 (e) and that in(my) (our) apinia	n death accurred an the date
		. /		
	and haur and from the causes stated above. (,I) (We) (did) (did nat) v	iew the bady after death.	
	23A. SIGNATURE			B. DAYE SIGNED
	60 . 0 00 000	A M.D. Alle	nding Med, Staff	11/20/17
	I WALVINIO NICHAAA	Phys		7/28/0/
	23C, PHYSICIANS	1	23D. ADDRESS	1 / '
	NAME (Type)			
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	BURIAL 5/1/67 BA	LTIMORE NAT	IONAL CEM. BALTO.	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	MAY 2 1967 (10 %)	Q Fall us	Mitchell-Wiedefeld Hom	e, Inc.
11	To Caro	C. JOURSOME	46500 Nonk Road -21212	•
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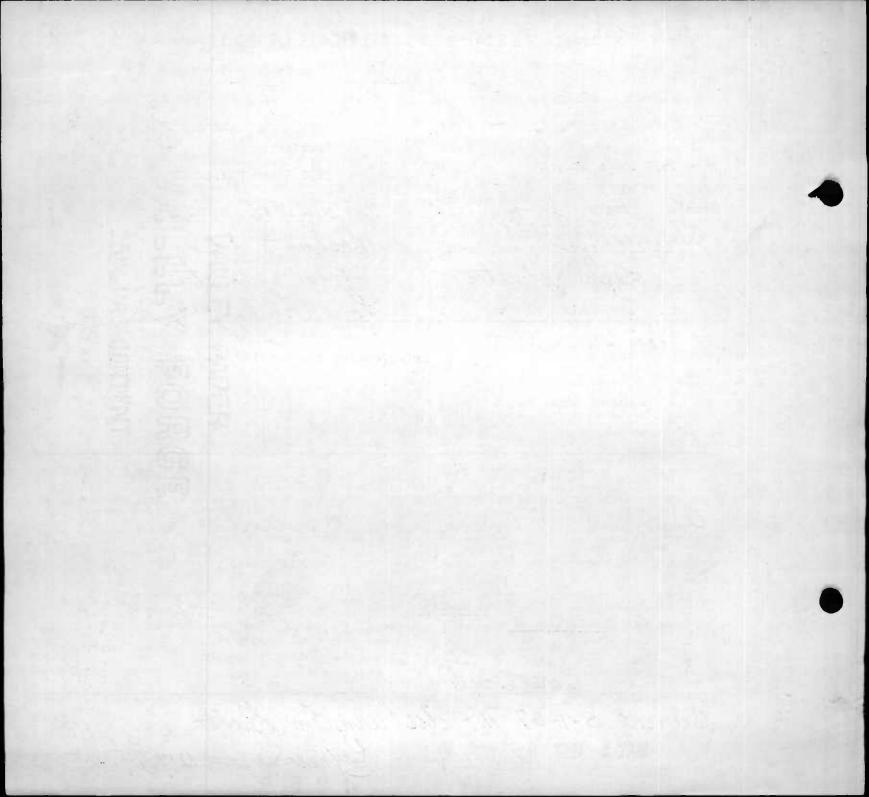
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SEE S. RACE		CRAI HA	SO TOL			1-01
MALE CAUET MARRIED MAR	448	21412 1110	04:1371=			= #21224
A. AUSTAC OCCUPATION (Give hind of working hit, were all relieful) BALTO, CITY WORKER RETHRED BALTO, CITY WORKER BALTO, CITY WORKER CHARLES MC HUGH BALTO, CITY WORKER L. MOTHERS MADDEN NAME BRIDGET BALTO, CITY WORKER L. MOTHERS MADEN NAME BRIDGET BALTO, CITY WORKER L. MOTHERS MADEN NAME BRIDGET BALTO, CITY WORKER L. MOTHERS MADEN NAME BRIDGET BALTOGUNITATY U.S. DISCUSSED BOLL ACCUSE OF DEATH CAUSE OF DEATH		WIDO	OWED, DIVORCED (specify)	1 /24 /2000	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 H Months Doys Hours Min
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Not December fives in U. S. Armed facet? I. S. SOCIAL Str. no or unknownellity yes, give wor doles of service) I. S. SOCIAL ST. NOT PARTIES I. S. W. W. T.	CHARLES	MC HUGT	†	BRIDGET	GALLAGHER	
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OR CONTRIBUTING AUSE OF DEATH (notify medical examines) DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hous) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from 12 19 20 and that in(my) (aur) apinion depth accurred an the da and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY or CREMATORY BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY or CREMATORY A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS NAME (1798) A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS NAME (1798) A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR 26 C. Connector ADDRESS ADDRES	Z OTHER SICNIFICANT CON	NOT RELATED TO	JTING THE			
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22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C	21D. TIME (Month) (Do	y) (Yeor) (Hour)	While AI Not While		URY OCCUR?	
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	55.55.0		& E. Fayley MA	Charles &	eiler BAI	CONKLINGS ST.

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1	BALTIMORE CITY HEALTH DEPARTMENT					
T-240	BIRTH NO. 4281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 4281					
+-1.	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD					
	VIVIAN INEZ ISLEY April 27, 1967 12:50 A M.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, while RURAL and give township)					
	INSTITUTION Baltimore					
	D. STREET ADDRESS (If rurol, give locotion)					
	2632 Boone Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr, II Under 24 Hrs.)					
	Female Negro WIDOWED, DIVORCED(specify) Months, Doys, Hours, Min. Months, Doys, Hours, Min. 52					
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	House With Mashington D.C					
	13. FATHER'S NAME					
	15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS					
	(Yes, no or unknown), (If yes, give wor of dates of service) SECURITY NO.					
	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY					
	(This does not mean the mode of dying e.g.,					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO					
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED TO SEATH OF THE PROPERTY OF CHAPTER O					
	WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?					
	UTING CAUSE OF DEATH.					
	OF INJURY (APPROX.) WHILE AT NOT WHILE					
	22. certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my apinion					
	resulted from: Notural couses X Accident Suicide Homicide Undetermined monner					
	CHIEF MEDICAL EXAMINER					
	SIGNATURE Coules S Call M.D. ASSISTANT MEDICAL EXAMINER X					
	EXAMINER'S NAME (Type) Charles S. Petty ASSOCIATE MEDICAL EXAMINER 4/27/67					
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)					
	Bureal 5-1-61 Mt autrum Em Falto Ma					
	24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C FUNERAL DIRECTOR ADDRESS					
	MAY 2 1967 Robert E. Farkuma Rayner Sandere 217 E. Treston St					



BIRTH NO.

(Type or Print)

M.E. CASE NO.

25A. DATE REC'D BY HEALTH DEPT.

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O

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; res A. STATE

B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? nknown INTERVAL RETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred an the date 23B. DATE SIGNED HOSPITAL (Stote) FUNERAL DIRECTOR ADDRESS

Female Courseaux Decreed

Joseph Maryano

Morres Universe

807 Himstead St.

Maryland USA.

3/24/20

Concetta-

Mr John Lavemure

16 67 4283	BALTIMORE CITY	HEALTH DEPARTMEN	IT /	4000
BIRTH NO.	CERTIFICA	TE OF DEAT	H Registered Na.	67 4203
M.E. CASE NO. 1. NAME OF DECEASED			TE AND HOUR OF DEATH	
(Type or Print) NEIGHOFF, SR.	WILLIAM	P. 1	4-30-67	9:15P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE A. STATE B. C	(Where deceased lived, If in	nstitution: residence before odmission)
FULL NAME OF (If not in hospitol or institution, give HOSPITAL OR oddress or locotion) INSTITUTION	street	MARYLAND	ANNE ARU	1 2
40 ST. AGNES HOSPITAL		611 RIVER	(If rurol, give location) RSIDE DRIVE	(Chelsaa Beach)
5. SEX 6. RACE 7. MARRIED, NEV		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
MALE WHITE MARRIED	VORCED (specify)	1-3-99	lost bighdoy)	Months Doys Hours Min.
done during most of working life, even if retired)	MINESS OR HADOSIKI	II. BIRITITE (Stole o	r toreign country)	WHAT COUNTRY?
CONTRACTOR Self-	mpolyed	MARYLA	ND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
DAVID NEIGHOFF		- 11	, serie vanetani -	
15. Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT	rine Yeager	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) None	6 09 6907	ST. AGNES	RECORDS -CAT	ON & WILKENS AVES
18. 4 20.0	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	17,	11/14.2	1-10406	
LEADING TO DEATH (This does not meon the mode of dying, e.g.,	DUE TO	tore is o.	relezoto	
heart foilure, asthenia, etc. It means the disease,	DOE 10 . 7	1002+ 0	history	
injury or complication which coused death.)		11	0 1 1 1	
ANTECEDENT CAUSES	DUE TO	plet 1	1-1100	
DISEASES OR CONDITIONS, if ony, giving	A	dan-	11 Lovas	222
ise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C) /	·awny	0 1.01-6,5	1 / Ivil
				11111
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	CE OF INJURY (e.g., in orm, foctory, street, off	or obout 21C. WHERE Dice bldg., INJURY OCCU	ID (If in Boltimor	re City, give exact location)
	URY OCCURRED	21F. HOW DIE	D INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJ OF INJURY (APPROX.) While A				
Work	At Work	11 00	10 (7)	2011 20(7
22. I certify that (I) (this haspital) attended the d that (I) (we) lost sow the deceased alive on	PRII 30			
and hour and fram the causes stated above. (1) (W				inion deoth accurred on the dote
23A. SIGNATURE	2 1 1/			23B. DATE SIGNED
2 = 92029114	GOM.D. Atte	nding Med. Director	Stoff Phys.	5-1-67
23C.PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
DR. GEORGI ANGOV	M.D.	ST. AGNES	HOSPITAL.WI	LKENS & CATON AVE
	of CEMETERY or CRE			ity, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	Haven Memo	rial Park	Glen Burnie,	
MAY 2 1967 Robert E.	tarker MA	Richard	V, Singleton	Geln Burnie, Md.
VS 150-REV. 1/1/65	Li Vi	427		

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FT. LIST HEREITSCH, WILLIERS E GATON GW.

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

		67 4284 BALTIMORE CITY HEALTH DEPARTMENT								
	M.E. CASE NO.					CATE OF	DEATH	Registered No.	67	4284
	Type or The		CHRIS!	STI	N. FEICK		2. DATE ANI	1 19 6	7 2.00	20 D M.
	CERT FULL NAME O HOSPITAL OR INSTITUTION	FIC	ATE	institution,	ENDED give stree5_8_67	C. CITY OR	B. COUNT FOUN (If outs	side city limits, write		
3	FRAKI	KUN	504	ARZ	H080	D. STREET	12 /8 24	wal, give location) (2) LO	MBARI	5 4.
D III S	5. SEX	6. RACE		WIDOW	NEVER MARRIED D, DIVORCED (specify	6/25	127-4-	AGE (In years	If Under 1 Yr. Months Doys	If Under 24 Hrs. Haurs Min.
o II	done during most of	Working lile, ev		CIVI	USCG	BAC	TIMOR	E	12. CITIZEN OF WHAT COU	NTRY?
od s		FEICK, CHRISTIAN				R	UEGGS	- DO G DO		
- 11	YENO	(If yes, give	wor or dotes	of service)	SECURITY NO.	1 3/		s. FEICIC	ADDRES SA	4E
	(This does n hearl failure, injury or com	LEADING 1 of meon the osthenia, el-	e made of c. II means ich coused	dying, e.g. the diseose	(A) C	E OF DEATH DEE BY ENVERCE	CD- VA NS477 AU201	SCCILAR ICIENCY DARTE	ONSET A	209S
remains are	DISEASES OF THE UNDERLYING	G CONDITION FICANT CONEATH BUT	ON IOSI.	NTRIBUTING TO T	i (C)	PARK1.	NSON//S			
The	DISEASE OR			ITION FOR	WHICH OPERATION		OPSY? (Yes or No)		FINDINGS CONSID	
Derore	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CA	JSE OF		B. PLACE OF INJURY (e me, lorm, factory, stree ;.)			(If in Boltimore	e City, give exact l	ocation)
Beure	21 D. TIME OF INJURY (APPROX.)	(Month) (D	(Year)	w	E. INJURY OCCURRED hile At Not At W	While -	HOW DID INJU	IRY OCCUR?	0/- 2	
100 90	that (I) (we)	22. I certify that (I) (this hospital) attended the deceased from 19 6/10 19 6								
TEOM INV	23A. SIGNATU 23C. PHYSICIA	mae	aliz	シ	M.D.	Attending Phys.	Director I	Staff Phys.	23B. DATE SIGNE	67
- 11	NAME (T)	AGRO MATION, 24	SA B. DATE	P (CALIZON NAME OF CEMETERY OF	CREMATORY	- /	CATION (C	ty, town, or county)	(Stote)
	Buria 25A. DATE REC'D	i			Western (of REGISTRAR be E. Farbung	emetery Ste	Bal PERAL DIRECTOR Pling F Edmond	timore, M uneral Es son Av.,C	aryland state atonsvil	ress
1 5	/S 150-REV. 1/1/6	55	1	1	010		this it bes			

examiner.

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

was D.O.A. at a hospital

the body was released to the hospital by a medical

(except where the physician who pronounced

(4) Undetermined cause; (5) Deceased

or contributing cause

attendance

in regular

I. NAME OF DECEASED (Type or Print) William G. Young 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL DR oddiess or locotion) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL DR oddiess or locotion) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL DR oddiess or locotion) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give towns) Baltimore D. STREET ADDRESS (If rure), give location) 3. DATE OF BIRTH D. ACE (In years Houng) F. DATE OF BIRTH D. ACE (In years Houng) 1. BIRTHPLACE (Stote or foreign country) 1. DATE OF BIRTH D. ACE (In years Houng) 1. BIRTHPLACE (Stote or foreign country) 1. BIRTHPLACE (Stote or foreign country) 1. BIRTHPLACE (Stote or foreign country) 1. Maryland 1. MOTHERS MAIDEN NAME WILLIAM G. YOUNG 1. MOTHERS MAIDEN NAME HATTICET YOUNG 1. MOTHERS MAIDEN NAME HATT	G. Young Care Common		CD ASSE BALTIMORE CITY HEALTH DEPARTMENT CD ASSE								
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact local involved in the property of the proper	OF home, farm, factory, street, office bldg., INJURY OCCUR?	timore City, give exact location)									
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?		(APPROX.) While At Work At Work									
OF INJURY While At Not While	(Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	22.									
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	(Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While		(APPROX.) Work At Work								
(APPROX.) Work At Work	(Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At At Work 1		22. I certify that (1) (this hospital) attended the deceased from and 1961 to april 27 1967								
22. I certify that (1) (this hospital) attended the deceased from the state of the land of	(Year) (Hour) 21E. INJURY OCCURRED While At	that	t (I) (~~)	last saw the deceas	ed alive an your	5 19 67 and that in (my) (opinian death occurred an the				
22. I certify that (1) (this hospital) attended the deceased from August 1961 to April 27	(Year) (Hour) 21E. INJURY OCCURRED While At	and	and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after death.								
22. I certify that (I) (this hospital) attended the deceased fram and 1961 to any opinion death occurred that (I) (we) last saw the deceased alive an any opinion death occurred	(Year) (Hour) 21E INJURY OCCURRED While At	23A,	. SIGNATUI	RE	3		23B. DATE SIGNED				
22. I certify that (1) (this hospital) attended the deceased from Angust 1966 to Gyard 27 that (1) (we) last saw the deceased alive an Angust 1967 and that in (my) (we) opinion death occurred and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	(Year) (Hour) 21E INJURY OCCURRED While At Not While At Work 21F. HOW DID INJURY OCCUR? While At Not While At Work 19 (to Agril 27 19 6 to Agril		h 1								
(APPROX.) 22. I certify that (1) (this hospitel) attended the deceased fram that (1) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 238. DATE SIGNED.	(Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work 19 (ta Agril 27 19 (excessed alive an 19 (did) (did not) view the bady after death.	23 C.				23D. ADDRESS					
22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE M.D. Attending Med. Stoff Phys. 23C. PHYSICIAN'S 23C. PHYSICIAN'S	(Year) (Hour) 21E INJURY OCCURRED While At Not While At Work Nospitel) attended the deceased fram 19 6			AND T. J	SMOOT M.D	. 3817 COPLEY RD	34LTO, 15, MD.				
(APPROX.) Work At Work At Work 19 6 to World 27 that (I) (we) last saw the deceased alive an world standard the deceased from and hour and from the causes stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Med. Stoff Phys. Stoff Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type)	(Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work Mork Not While Not While Not Work	24A. BU	RIAL CREA	AATION, 24B, DATE		1					
22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A, SIGNATURE Roland Attending M.D. Attending Med. Stoff Phys. 23B, DATE SIGNED 23C. PHYSICIAN'S NAME (Type) ROLAND T. SMOOT M.D. 3817 COPLEY RD, BALTO, 15, A	(Year) (Hour) 21E. INJURY OCCURED While At	n.c.	MOVAL IS	pecily)							
22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ROLAND T. SMOOT M.D. Attending Med. Stoff Director Phys. 23D. ADDRESS NAME (Type) ROLAND T. SMOOT M.D. 3817 COPLEY RD. BALTO. 15 Memory Removal (Specily) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(Year) (Hour) 21E. INJURY OCCURRED While At Work Not While At Work 19 (to World 27 19 67 and that in (my) (cont) opinion death occurred an the sees stated abave. (I) (We) (did) (did not) view the bady after death. N.D. Attending Med. Stoff Phys. 23B. DATE SIGNED N.D. Attending Med. Director Phys. 32D. ADDRESS M.D. Attending Med. Director Phys. 33D. ADDRESS ADDRESS 23D. ADDRESS M.D. 3817 COPLEY RD. BALTO. 15 MD. DATE 24C.NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote	RE.					74- 00 75				
22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. 23C. PHYSICIAN'S NAME (Type) ROLAND 7. SMOOT M.D. 3817 COPLEY RD BALTO. 15 M 24A. BURIAL CREMATION, REMOVAL (Specily) Burial 5-1-67 Arubutus Mem. Park. Arbutas, Balto., CO.	(Year) (Hour) 21E. INJURY OCCURRED While At Not While 21F. HOW DID INJURY OCCUR? While At Not While 19	Bu:	rial	5-1-6							

7 Arubutus Mem.
25B. NAME OF REGISTRAR
Leeb E. Fallema MAY 2 1967 VS 150-REV. 1/1/65

Trances W. Hemsley

578 W. Biddle St.

THE THE PARTY OF THE PARTY 22 10 20 10 10 . 1-1 (-1970-b).

Entrant decrease

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

OT AG	000	BALTIMORE CITY	HEALTH DEPARTMENT	\/	67 4286					
BIRTH NO. 67 42	200	CERTIFICA	TE OF DEATH	Registered No	01 4200					
1. NAME OF DECEASED (Type or Print) NEW	MAN, PATRIC	K J.	APRI	L 29, 1967	8:55P M					
3. PLACE OF DEATH IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE (When		tution; residence before admission)					
FULL NAME OF (If not in HOSPITAL OR NAME OF AGN	hospitol or institution, give or location) ES HOSPITAL	e street	C. CITY OR TOWN (IF OUT		RAL and give township)					
	& CATON AVI			rurol, give location)	52-00					
5. SEX 6. RACE	7. MARRIED, N			AR AVENUE	If Under 1 Yr., If Under 24 Hrs.					
MALE WH	ITE WIMAKR	LED (specify)	02/28/19	lost birthday	Months Doys Hours Min.					
IOA. USUAL OCCUPATION (Give k done during most of working life, even	nd of work 10B, KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?					
POLICEMAN		CITY POLICE	-							
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME						
MORRIS (DE	CEASED)			NE, DONOVAN	(DECEASED)					
15. Was Deceased Ever in U. S. A (Yes, no or unknown) (If yes, give w YES WORLD	or of dates of service)	SECURITY NO.	ST. AGNES WILKENS &	HOSPITAL CATON AVE,	ADDRESS BALTOMD 21229					
1B. / L./		CAUSE O			INTERVAL BETWEEN					
DISEASE OR CONDI		0			ONSET AND DEATH					
LEADING TO (This does not mean the		(A) Carci	unra, Recto	amres -						
heort foilure, asthenia, etc.	It meons the diseose,	colo	a with with	estans 4	0					
injury or complication which		perias	itie famil c	and the sort						
ANTECEDENT		DUE TO	the me end	no and						
DISEASES OR CONDITION rise to the above cou UNDERLYING CONDITION	se (A) stating the	(C) Luck	with met itie gland of the me ente	linor						
OTHER SIGNIFICANT COND. TO THE DEATH BUT N DISEASE OR CONDITION CO	OT RELATED TO THE									
19A. DATE OF OPERATION		ICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?					
OR CONTRIBUTING CAUS	OF home.	ACE OF INJURY (e.g., in form, foctory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore C	City, give exact location)					
-	(Yeor) (Hour) 21 E, IN While Work	At Not While At Work	21F. HOW DID INJ	URY OCCUR?						
22. 1 certify that)() (this	22. I certify that (1) (this hospital) attended the deceased from APRIL 18 1967 to APRIL 29 1967.									
that 💢 (we) last sow the	deceosed olive on	APRIL 29.	19.67 ond th	at inXvXV) (our) apinio	an death occurred on the date					
ond hour and from the cou										
23A. SIGNATURE					3B. DATE SIGNED					
ellesa	Elo	M.D. Atte	nding Med. Director	Stoff Phys.	Joril 29-67					
23C. PHYSICIAM'S NAME (Type) Paulino O. V	asallu	M.D.	608 Markha		to Md. 21229					
24A. BURIAL CREMATION, 24B.		E of CEMETERY or CRE			town, or county) (Stote)					
REMOVAL (Specify) Burial 5/										
25A, DATE REC'D BY HEALTH D		imore Nation	25C. FUNERAL DIRECTOR	altimore , Ma	ryland					
82AV 0 10		FarleyMa	Howard H. Hub		Wilkens Ave. 2122					
VS 150-REV, 1/1/65	A Alexander	4 0 0 4	1 2 9 4							

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25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

25B. NAME OF REGISTRAR

1967

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				BALTIMORE CITY	RE CITY HEALTH DEPARTMENT 67 4287				
1	TH NO.	67 428	7	CERTIFICA	TE OF DEATH	Registered No.	01	1601	
1. N	L CASE NO.	EASED			2, DATE AND HOUR OF DEATH				
(Тур	pe or Print)	ELIZABETH .	I. LENZ		Apri	11 28,1967		A	
		ATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If inst	titution; residence be	fore odmissian	
1	FULL NAME O HOSPITAL OR NSTITUTION	F (If not in hospital a address or location)		give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
	100	l Haverhill R	d.		Baltimore D. STREET ADDRESS (If	rurol, give location)	The state of the s	J-41.	
(00				1001 Haverhill Rd.				
5. S	EX	6. RACE			B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Months: Doys Ho	Under 24 Hrs.	
	Female	White	Widow		11/8/86	lost birthdoy) 80		ors Min.	
done	e during most of	USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN e during most of working life, even if retired)				gn country)	12. CITIZEN OF WHAT COUNT	IRY?	
	etired housewife				Pennsylvania		U.S.A.		
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN NAM	ΛE			
	August	Schroeder			Justine K	nonner			
15.	Wos Deceosed	Ever in U. S. Armed Ford	es?	1 6, SOCIAL			Easton DDMds.	21601	
res	s,na of unknown	(If yes, give wor or dotes	of service)	None	George R. Ruit		Washingto		
	18. // 그	10. /		CAUSE O	DEATH		INTERVAL		
	DISEAS	SE OR CONDITION DIR	ECTLY	/	1	1	ONSET AN	D DEATH	
		LEADING TO DEATH		(A)	pronous)	occu.	2000 4 0	2/6,	
		not mean the mode of		DUE TO	1				
		asthenio, etc. It means		/	75 MII				
		ANTECEDENT CAUSES		(B)	0/00/		· · · · · · · · · · · · · · · · · · ·	***	
	DISEASES	OR CONDITIONS, if a	ny aivina	DUE TO					
		above couse (A)		(C)					
	UNDERLYING	G CONDITION Iosl.		000000000000000000000000000000000000000					
ATION	TO THE D	II FICANT CONDITIONS CO EATH BUT NOT RELA CONDITION CAUSING IT	TED TO TH			-			
ERTIFIC A		OPERATION 198. CONT	TION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDER	RED	
CER	21 A. ACCIDE	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Baltimore	City, give exoct lac	otion)	
CAL		medical examiner	etc.		ince blags, INTOKI OCCOR:				
	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
×	(APPROX.)		Wh	ile At Not White					
	Work At Work								
	22. I certify that (1) (this hospital) attended the deceased from 6 7 to 4 6								
that (I) (we) lost saw the deceased clive on 6 7) and that in (my) (eq.)							ion death accurre	d an the dat	
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.								
	23A. SIGNATU	IRE /	0/1				23B. DATE SIGNED	-	
	Active to M.D. Attending Med. Director Phys. 4-78 6								
	23C. PHYSICIA NAME (T	vpe)		-	23D. ADDRESS				
	Dr	Earl I. Pa	ss	M.D.	4001 Wilkens Ave				
24 A	A. BURIAL CRE	MATION, 248. DATE		AME of CEMETERY or CRE		OCATION (City	y, town, or county)	(Stote)	
	REMOVAL BUT	rail xxxxxx	Lot	idon Park Ceme	etery	Baltimore, M	ld.		

25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave.

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prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such of proval must be obtained before the remains are embalmed or final disposition is made.	M.E 1. N (Typ	A
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ar a nospital (except where the physician who pronounced death was in regular prior to death); and (6) No physician was in regular attendance on the deceased proval must be obtained before the remains are embalmed or final disposition is made	13.	FA
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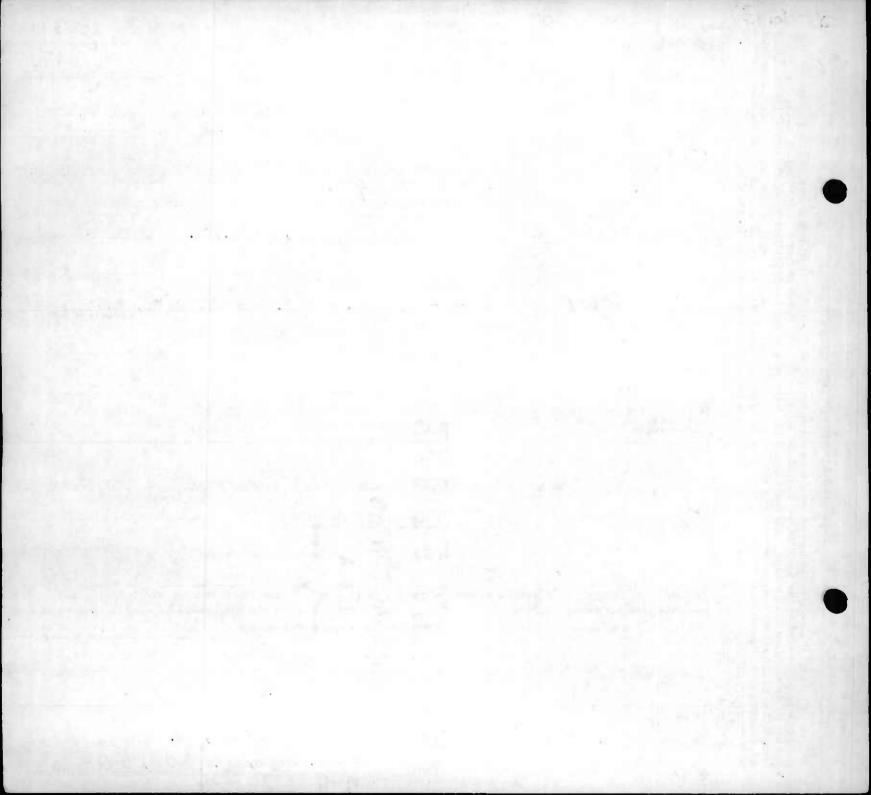
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. CASE NO. 2. DATE AND HOUR OF DEATH ME OF DECEASED April 26, 1967 HATTIE BECK 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) ACE OF DEATH IN BALTIMORE MARYLAND A. STATE Maryland LL NAME OF (If not in hospital or institution, give street SPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township TITUTION Baltimore 2004 Breitwert Avenue D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 2004 Breitwert 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys tf Under 24 Hrs. Hours Min. Hours WIDOWED, DIVORCED (specify) lost birthdoy 6-26-1888 Married 78 Yrs. male White SUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? uring most of working fite, even if retired) U.S.A. Baltimore, Maryland Housewife THER'S NAME 14. MOTHER'S MAIDEN NAME William Potee Elsie McClintock s Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS o or unknown) (II yes, give wor or dotes of service) SECURITY NO. 216-09-6535B Mr. John O. Beck, 2004 Breitwert Ave. 21230 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., eart failure, asthenia, etc. It means the disease, njury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving to the obove cause (A) stating the INDERLYING CONDITION lost. THER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (II in Boltimore City, give exact location) R CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? EATH (notily medical examiner) D. TIME (Month) IDoy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY While At Not While A PPROX. Work At Work 2. I certify that (I) (this hospital) attended the deceased from hat (1) (we) last saw the deceased alive an ond that in (my) (cont opinion death accurred on the date nd hour ond from the couses stoted glybve. (1) (We) (did) (did net) view the body ofter death. 23 B. DATE SIGNED A. SIGNATURE Attending Med. Director Stoff C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Dr. C. Arthur Rossberg M.D. 2436 Washington Boulevard, Balto., Md. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 5-1-1967 Meadowridge Cemetery Howard County, Maryland HEALTH DEPT. 25C. FUNERAL DIRECTOR 258. NAME OF REGISTRAR Howard H. Hubbard , 4107 Wilkens Avenue

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FUNERAL DIRECTOR: IMPORTANT

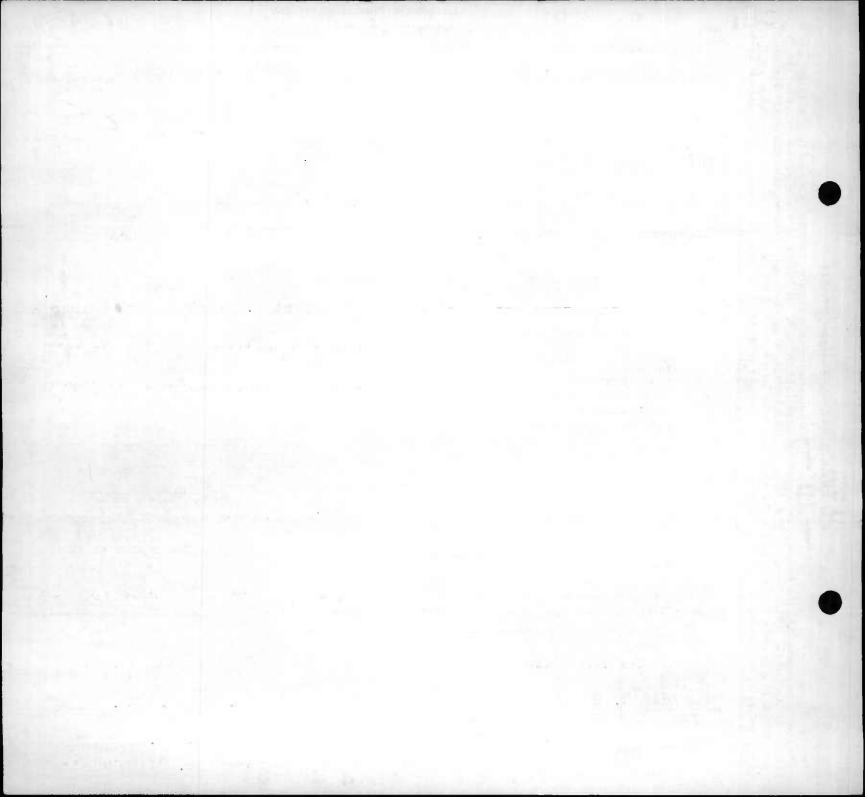
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disnostition is made.

d	67 ASRO BALTIMORE CITY	HEALTH DEPARTMENT
	RETH NO. A.E. CASE NO. CERTIFICA	TE OF DEATH Registered No. 67 4289
1	NAME OF DECEASED WILLIAM T GARRETT	2. DATE AND HOUR OF DEATH
1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street	MARYLAND
	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RUBAL and give lownship)
ı	10 MARYLAND GENERAL HOSP	D. STREET ADDRESS (If rurol, give locotion)
ł	48	D. STREET ADDRESS (If rurol, give locotion) 253 S. ROBINSON ST.
	6. RACE AUC. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In years lost birthday) 16. Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
	Boiler maker (retired)	USA Balto. Md. USA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	THOMAS CTARRETT	FLORENCE WINDER
1	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL Yes, no or unknown)(If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	ues WWI 212-03-4975A	Mas. Many M. Gannett 253 S Robinson St
-	18. 3.3.2 VI CAUSE OF	F DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	1. After a 2.
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	ou vascular forom vokes & weeks
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) //	+ 1 -11 1
	ANTECEDENT CAUSES (B) ALC	perlemmen, Adropather Unknowy
	DISEASES OR CONDITIONS, if any, giving	
ı	rise to the above couse (A) stating the (C) UNDERLYING CONDITION lost.	
ı	II .	
ı	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	
l	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
H	E O NO WASTERIORNED , VIO	100
ı	U 21 A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF ▼ DEATH (notify medical examiner) OR CONTRIBUTING ☐ CAUSE OF 10 mm, form, forctory, street, of etc.]	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) linjury OCCUR?
ı	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
l	OF INJURY (APPROX.) While At Work At Work	· \ \ \/2>
	22. I certify that (I) (this haspital) attended the deceased from	4/22 1967 to 5/1 1967.
ı	that (I) (we) lost sow the deceased alive on	19 (a) and that in (my) (our) opinion death occurred on the date
ı	and hour and from the causes stated above. (1) (We) (did) (did not) v	
	23A. SIGNATURE	23B, DATE SIGNED
	Timothy Tenney Ley M.D. Atte	anding Med. Stoff Phys. 5/1/67
	23C. PHYSICIAN'S NAME (Type) - MINTHY KENNIEY GRAMD.	23D. ADDRESS
١	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify)	
	Burial 5/4/67 Oak Lawn Cemetery	Baltimore, Md. ADDRESS
	MAY 0 4007 A A A T	John A. Moran, Inc. 3000 E. Baltimore &
1	MAY 7 196 (17 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 4 0 0 3
	13 130-16 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	1 60 1 1



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). FUNERAL DIRECTOR: IMPORTANT

67 4290	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 4290		
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered Na.	01 4230		
M.E. CASE NO.		2. DATE AND	HOUR OF DEATH			
Type or Print) Francis X. B:	racken	April	30, 1967	1:30 P		
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		A. STATE B. COUNT	deceased lived, if in	stitution: residence before admissio		
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, wine RURAL and give township)					
149		Baltimore D. STREET ADDRESS (If rurol, give location)				
Union Memorial Hosp	(DOA)	4220 Belmar	Avenue			
Male Caucasian Ms	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) Arried	June 11.1894	. AGE (In years ast birthday)	If Under 1 Yr. It Under 24 H Months Doys Haurs Min.		
OA. USUAL OCCUPATION (Give kind of work 10B, Klone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?		
	en L. Martins	Me	ine	USA		
3. FATHER'S NAME	en L. Mar Cins	14. MOTHER'S MAIDEN NAM		USA		
				7		
unknown	114 505141	unkn 17. Informant	own	ADDRESS		
5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war ar dates of s	ervice) 1 6. SOCIAL SECURITY NO.	IV. INFORMANT		ADDRESS		
No	216-05-758	Margaret C	. Bracken	4220 Belmar X		
18. // 20./ 1	CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTL	7	. 0 (ONSET AND DEATH		
LEADING TO DEATH	(A) Wa	vecerolas hepare	Kean	·/ leaver		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ONSET AND (A) In greaterablic Infanction (A) Ungreaterablic Infanction (B) DUE TO ONSET AND 1/2 Les 1/2 Les ONSET AND 1/2 Les O						
injury or complication which caused death	.)	to	· · · · · · · · · · · · · · · · · · ·	1 n uscon		
ANTECEDENT CAUSES	The state of the s					
DISEASES OR CONDITIONS, if ony,						
rise to the abave couse (A) statin						
UNDERLYING CONDITION lost.						
OTHER SIGNIFICANT CONDITIONS CONTR. TO THE DEATH BUT NOT RELATED						
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID	(If in Soltimor	e City, give exoct locotion)		
21D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.)	While At Not Whi		JRY OCCUR?			
	Work At Work		. 1/2	6 0 2 . / ~		
22. I certify that (I) (this hospital) atte	1	/ -	9 44 ta	april 30 1967		
that (1) (we) last saw the deceased ali-	ve an 2012-17	49.67 and the	tin(my) (aut) opi	inion death occurred on the d		
ond haur and from the couses stated ob	ove. (I) (We) (did) (did not)	view the body ofter death.				
23A. SIGNATURE				23B, DATE SIGNED		
Colver Stare	M.D. All	lending Med.	Stoff Phys.			
23C. PHYSICIAN'S NAME (Type)	rn.	23D. ADDRESS	1 11y 3. []	May 1, 1967		
Adam G. Swiss	M.D.	6232 Belair	Rd. Balto	Md.		
AA. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CE	REMATORY 24D. LO		ity, town, at county) (State)		
	967 Parkwood C	emetery Bal	timore. N	ſd.		
SA. DATE REC'D BUILD TO DEPT OF 7 258	Do to E Tolke M.	25C. FUNERAL DIRECTOR		ADDRESS		
ווועו א וסטו ען	other a dament	Dippel Broth	ers Inc.	7110 Belair Rd		
(\$ 150-REV. 1/1/65	7 0 7 0	4 4 7 0				



		The same of		BALTIMORE CIT	Y HEALTH DEPARTMENT	\/	07 400	
BIRTH	NO. 67	4291		CERTIFICA	ATE OF DEATH	Registered No.	6/ 4291	
1.NA	ME OF DECEASED OI Print) Nonn	. Beverly	Rose			pril 28, 196		
3. PL	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location)			4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admiss A. STATE 8. COUNTY				
				Florida		RURAL, and/give township)		
INS	Public Hea		ce Host	oital	Temple Temple	rrace	- 0 8	
	man Pk. Dr:					ole Heights	Road	
	F W		WIDOWED	NEVER MARRIED , DIVORCED (specify) ngle	8. DATE OF BIRTH 3/2/44	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min	
	Sual OCCUPATION during most of working li		Single	ton Shrimp	Wisc.	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FA	Clifford W	. Nonn			14. MOTHER'S MAIDEN N			
15. Wo	os Deceosed Ever in no or unknown) (If yes,	U. S. Armed Forces give war or dates of	? of service)	16. SOCIAL SECURITY NO.	Duvall Funer	al Home, Tam	pa, Florida	
18	204.4	1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR	CONDITION DIREC	TLY				ORSEL AND DEATH	
		IG TO DEATH		(A)	Leukemia		7	
	This does nat meo leort foilule, osthenic			DUE TO				
	njuly of camplication				L 1 .		.0	
	ANTECE	DENT CAUSES		(B)	AN aled an	amund	αN	
				DUE TO			**	
	DISEASES OR COI			100	10100	29		
	rise to the obove cause (A) stoting the (C)			VZVZ	Mary			
z	DALLER CLONUELS AND	II	ITDIRITTING					
윤 1	OTHER SIGNIFICANT	BUT NOT RELATE						
	DISEASE OR CONDIT		CON FOR W	WICH ORDATION	120A AUTORCY2 (Von au	No. 208 IE VEC MERE	EINDINGS CONSIDERED	
ERTIFIC	A. DATE OF OPERA	WAS PERFO		VHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	
U 2	IA. ACCIDENT WAS R CONTRIBUTING EATH (notify medical	CAUSE OF	21 B. hometc.)	e, lorm, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)	
0 2		(Doy) (Year)	Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?		
5	APPROX.)		Whil	le At Not W	hile			
2	2 Lagreify that (I	(this bosnital)				AT10 40	19	
							pinion death accurred an the	
							minou death accorred an the	
		he causes stated	abave. (I)) (We) (did) (did nat)	view the body after deat	h.	Tool Darr Clavin	
23	3A. SIGN ATURE			A 4 10 A	ttending Med.	Stoff's	23B, DATE SIGNED	
	- Years	MONON	V		hys. Med. Director	Staff Phy s.	4/28/67	
23	NAME (Type)				23D. ADDRESS			
	Lewis M. Sl	ater. Surg	eon (R	M.I	US PHS Hosp	oital, Balto,	Md.	
24A.	BURIAL CREMATION			ME of CEMETERY of C	REMATORY - 124D	LOCATION (City, town, or county) (Sta	
	REMOVAL (Specify)	1.3						
2.5	Remova1	4/28/67				Tampa, Fla.		
25A.	DATE REC'D BY HEA		A	FREGISTRAR	25C. FUNERAL DIRECT		ADDRESS	
	MAY	2 1967	Colsee	E STORWAY	Wm. Cook-Be	ooks Inc. Ba	ltimore, Md. 212	
10 10	0 001/ 1/1//6		7			-		

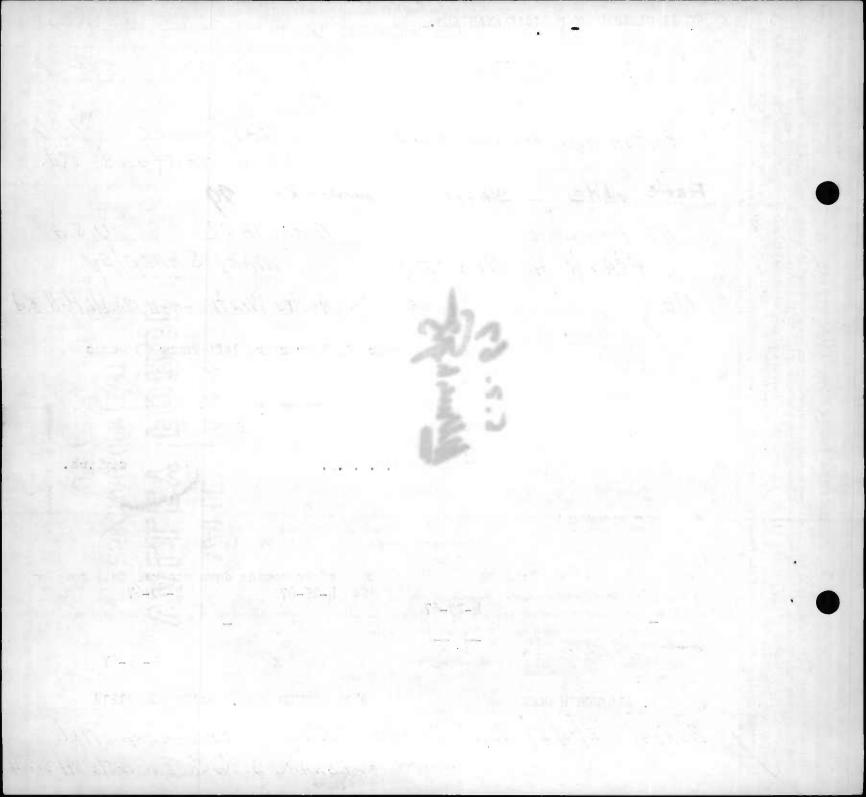
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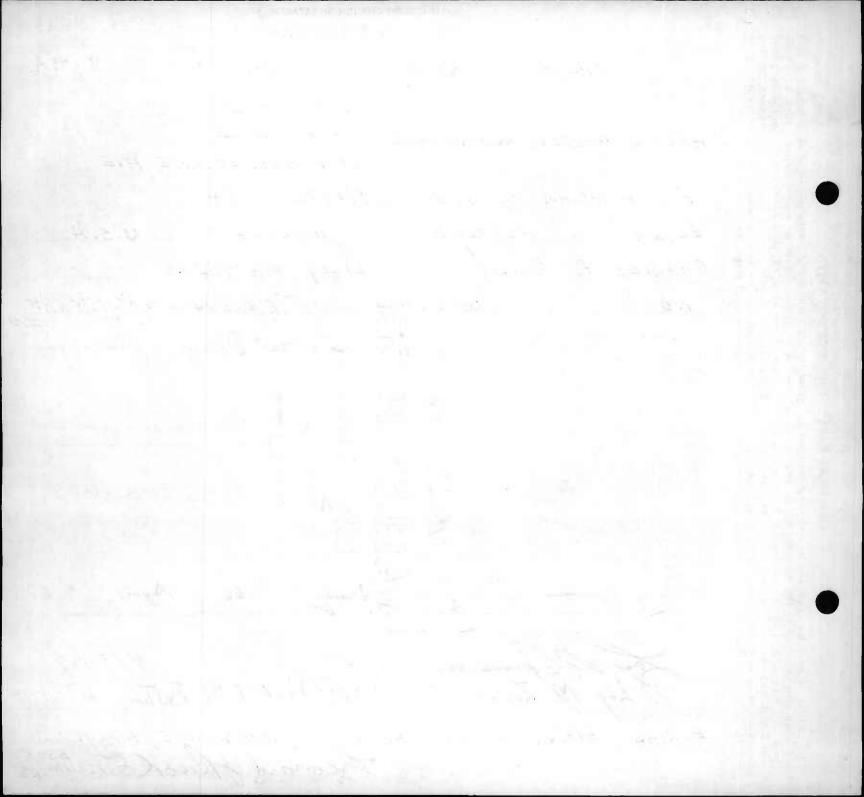
67 4292	BALTIMORE CITY	HEALTH DEPARTMENT		67 4292
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	07 4636
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) TAPPET 1/18	BERTHA &	2. DATE AND	HOUR OF DEATH	1 7.104
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1300 (111)	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If inst	litution; residence before admission)
FULL NAME OF (If not in hospital or institution) INSTITUTION	ution, give street	C. CITY OR TOWN (If outs		URAL and give township)
CHURCH HOME & HOS	DITAL	2 01 0	rol, give location)	2000
	RRIED NEVER MARRIED		AGE (In years	If Under 1 Yr., If Under 24 Hrs.
F. W	arred (specify)	6 200 90	birthdoy 276	Months Doys Hours Min.
done during most of working lile, even if retired)	AD OF BUSINESS OK INDUSIKE	MD.	n country:	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	E	V(1317).
15. Was Deceased Ever in U. S. Armed Forces?	pPeter Armige	17, INFORMANT	Ack Rose Le	essner Address
(Yes, no or unknown) (If yes, give wor or dates of ser	vice) 16. SOCIAL SECURITY NO.		ry, 3805 Ro	avenwood Ave. #13
DISEASE OR CONDITION DIRECTLY	CAUSE O	PF DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,		LABETES MEL	LITUS	OUER 10 YEAR
heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.) ANTECEDENT CAUSES		YPERTENSIUE	CUD	4,
DISEASES OR CONDITIONS, if any, of tise to the obove cause (A) stating	giving (C)	EREBRALTHRO	UBOUS.	4 days
UNDERLYING CONDITION lost.		Yecura		
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	UTING STA	TUS PNEUMO	sM/A	
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID	(It in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED While At Not Whi	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	Work At Work		/	
22. I certify that (1) (this hospital) atten	. /	///	6710	19.67.
ond haur and from the causes stoted obo			t in (m'y) (our) opini	ion death occurred on the date
23A. SIGNATURE	M.D. AH	ending Med. S	toff b	23B. DATE SIGNED
22 PHYSICIANS NAME PHYSICIANS	Phy	23D. ADDRESS	hys.	5/1/67
24A. BURIAL CREMATION, 24B. DATE 2	4C, NAME OF CEMETERY OF CR	EHURCH EMATORY 24D. LO	HOME &	town, or county) (State)
Burial 5/3/67.	Holy Redeeme	0	Baltimore	e, Md.
MAY 2 1967 Color	B & Language	Leonard J. R	uck, Inc.	Balto. Md. 21214
VS 150-REV. 1/1/65	96700	1 1 2 0 0		

CHUPCH HOME 2 MOSPITAL 3218 Pameria area 111 Bar Pross ARMAGRA STATE OF STATE PIAMETES MELLITUE HYPERTENSIVE CUL CEREBIOL THEORISAS, STATUS PARELLARONERS

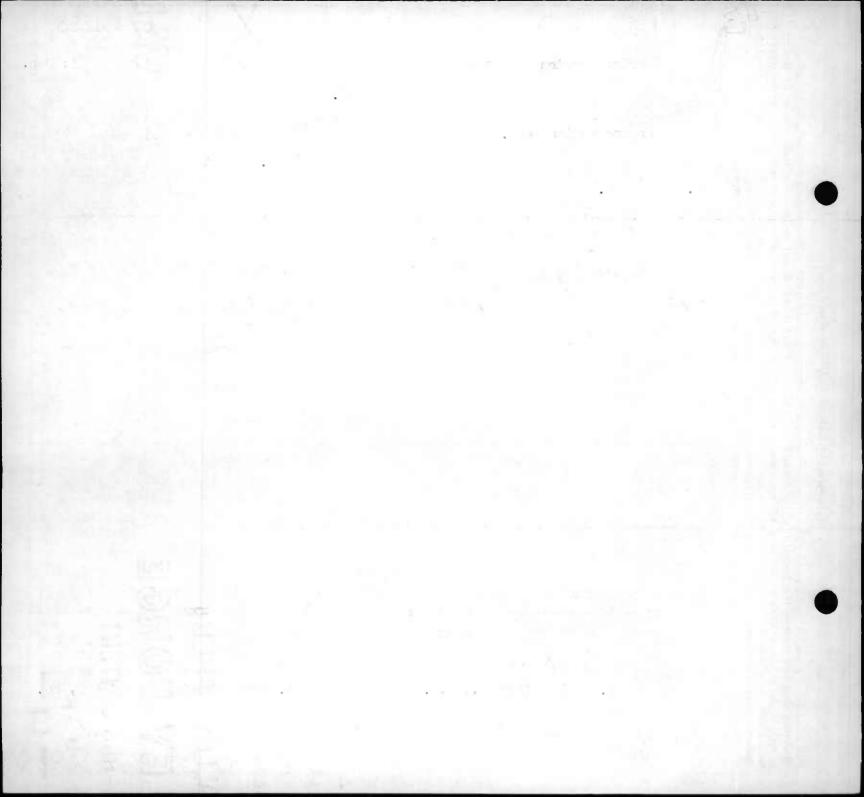
	BALTIMORE CITY HEALTH	DEPARTMENT OF AGROOM
В	TO BE CLEARED BY MEDICAL EXAMINER CERTIFICATE C	PEDEATH Registered No. 67 4293
	M.E. CASE NO. O 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2. DATE AND HOUR OF DEATH
	(Type or Print) Rango Winter)	4-29-67 1500 PM
3	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUZ	AL RESIDENCE (Where deceosed lived. If institution: residence before admission)
	FULL NAME OF (If not in hospitol or institution, give street oddress or location) INSTITUTION C. CITY	OR TOWN (If outside city limits, write RURAL and give township)
	O. B. Hand Will Mussing Home	BATTIMORE 4-06
	D. STRE	2926 HARFORD RJ.
5	winowen Divorcen (specify)	OF BIRTH 9. AGE (In years lost birth lay) 1. AGE (In years Months) 1. AGE (In years Months)
2		HPLACE (State or foreign county) 12. CITIZEN OF
d	done during most of working life, even if retired) AT HOME	MARVIAN WHAT COUNTRY?
Ī		THER'S MAIDEN NAME
	FRANK H. WINTER	MARY SHARPIEY
0	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or upknown) (If yes, give wor or dotes of service) 16. SOCIAL SEQURITY NO.	RMANT ADDRESS
	NO MR.	CHARLES WINTER-4611 MARDIEHALL RO
	DISEASE OF CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
		tal fracture left femur 3 weeks
	(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	
	injury of camplication which coursed dooth \	****
	ANTECEDENT CAUSES ANTECEDENT CAUSES	***************************************
	DISEASES OR CONDITIONS, if any, giving itself to the above cause (A) stating the	
	UNDERLYING CONDITION last.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	.D. sevlyrs.
0	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A.	AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg.,	21C. WHERE DID (II in Bottimore City, give exoct locotion)
		4611 Marble Hall Road
	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While Al	21F. HOW DID INJURY OCCUR?
	(APPROX) 4 5 67 12:15 White At Work X	after coming down stairs, fell to floo
5	22. I certify that (I*(this hospital) attended the deceosed from \$\pi^1\0000*	4-25-67. 19 to 4-29-67, 19
	that (I) (*e) last saw the deceased alive an 4-29-67	ond that in (my) (our) opinion death occurred on the date
	ond hour ond fram the couses stoted obave. (1) (We) (did) (did not) view the	
	23A. SIGNATURE Attending Phys.	Med. Stoff Phys. 429-67
2	23C.PHYSICIAN'S NAME (Type)	Thy s. C.
	E. ELLSWORTH COOK M.D. 243	1 MARYIAND AVE. BALTO MD 21218
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	
	BURIAL 5/2/67 NEW CATHEORALC	EMETERY BALTIMORE, Md.
2		FUNERAL DIRECTOR ADDRESS
	MAY 2 1967 Roberts E. Farleyna L	EDNARD J. KUCK, INC. BALTO MJ. 21210
V	VS 150-REV. 1/1/65 N 82 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	0 0



~		BALTIMORE CITY	HEALTH DEPARTMENT		67	1294
9	BIRTH NO. 67 4294	CERTIFICA	TE OF DEATH	Registered Na.	0/	1604
	I. NAME OF DECEASED (Type or Print) SADIE	RILEY	A	pmil 30, 19	67 8	145 A.M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	deceased lived. If insti Y	tution: residence be	fore odmission)
	FULL NAME OF (If not in hospital or institution, g HOSPITAL OR oddress or location) INSTITUTION	ive street	C. CITY OR TOWN (If outs	ide city limits, write RU	RAL and give town	Ship)
4	OHARFORD GARDENS NUR.	SING HOME	2	orol, give location)	015	1-09
	5. SEX 6. RACE 7. MARRIED,	NEVER MARRIED		BOURNE AGE (In years		Under 24 Hrs.
É	6 21.01 = 1	DIVORCED (specify)	9/1/82	st birthdoyl	Months Days Ho	ours Min.
2	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if relived)		11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF	TDV2
	0	ZLERS	MADNIL	BND	U.5.	4
200	13. FATHER'S NAME		MARYL 14. MOTHER'S MAIDEN NAM	IE .	0,5,7	74
2	CHARLES P. RILES		LILLY MA	TTHEWS		
3	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1 1/12 445	ADDRESS	
	NO	215-10-6337A	ChaplaTTE	BROWN-64	46 REAEST	FO ASE
5	18. // 20.01	CAUSE OF	DEATH	20000	INTERVAL ONSET AN	
3	DISEASE OR CONDITION DIRECTLY	1 to	iosalasotia Heart	D	Sevena	
	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	DUE TO	iositheetie (Nuary	NISCASE.	Jevens	(years
50	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					γ
E	ANTECEDENT CAUSES	(B)				ASS 6640 S FASS S = = = = = 0 C S = = =
D	DISEASES OR CONDITIONS, if ony, giving	DUE TO				
2	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)			A4	
remain	li li					
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218.		20A ALLTOPSYZ (Yes or No.	208 IF VEC WERE EIN	ADINGS CONSIDER	DED
TUE	WAS PERFORMED	THICH OFERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	SES OF DEATH?	(LD
Delore	U 21A. ACCIDENT WAS UNDERLYING 21B. hom. or CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g., in e, form, foctory, street, offi	or about 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore (City, give exact foc	otion)
Della	21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
DIG	Wor		70.00	66 10	Dail	1967
0	22. I certify that (I) (this hospital) attended the					
0	that (1) (100) lost saw the deceased alive an		6 19 6/2 and the	Tin(my) (20 ME) apini	un aeath accurre	a on the date
ŝ	23A. SIGNATURE	(((did) (dia-nor) VI	ew the bady after death.	[2	3B. DATE SIGNED	
E	Joy Mi Serim		Med. Director	Stoff Phys.	4/30/	107
5	23C. PHYSICIANS NAME Proper	0	3D. ADDRESS	; D1 n	1101	4
pro	Loy M. Limm	erman M.D.	3202 Hanton	d Ad Ral	Timero M	d 2/2/8
Armen approval most	24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME of CEMETERY OF CREE	MATORY 24D. LO	CATION (City,	town, or county)	(State)
5	BURIAL 5/3/67 Le	U.DON DA	OL B	ALTIMORE	MARY	10110
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRI	ESS 5305
	MAY 2 1967 (0.05 8	Jan Degras	Deemand	Heers	(8/W	JHARFARE
	VS 150-REV. 1/1/65		1 0 0 3	17		AF A



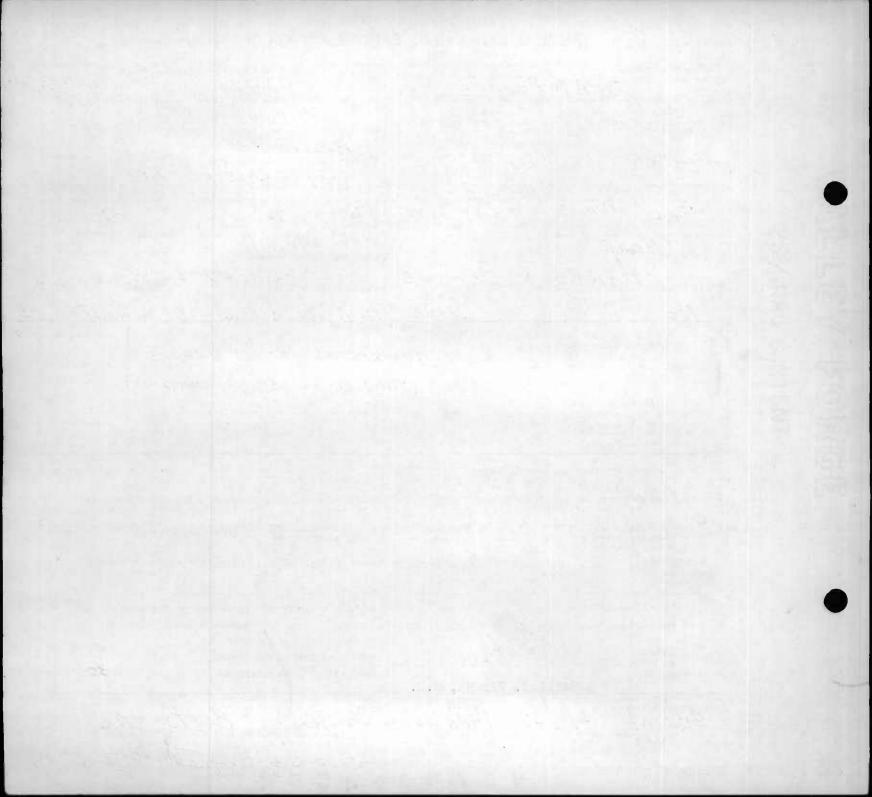
>	05 A005	BALTIMORE CITY	HEALTH DEPARTMENT	0 × 400 ×			
2	BIRTH NO. 67 4295	CERTIFICA	TE OF DEATH Registered Na.	67 4295			
	T. NAME OF DECEASED (Type or Print) Charles Preston Reyn	nolds	2. DATE AND HOUR OF DEATH	5:00 p.m.			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY				
	FULL NAME OF (If not in haspital or institut HOSPITAL OR oddiess or location) INSTITUTION	ian, give street	C. CITY OR JOWN (If autside city limits, write RU	Balla ()			
	Johns Hopkins Hosp		Baltimore 2/206 53-00 D. STREET ADDRESS (If rurol, give location)				
	33		I209 64 th. Street				
	5. SEX 6. RACE WIDO MAR	RIED, NEVER MARRIED DWED, DIVORCED (specify)		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?			
	Office EmployEE WE	STERN C/EC.C	MARVIAN d	U.S.A.			
	CLARENCE L	= REYNOLDS	BESSIE E.	MillER			
	15, Was Deceased Evei in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	ice) 6. SOCIAL SECURITY NO. V/5-09-4836	CLARA M. REUNOLDS	(SAME)			
	18.4-20,1	CAUSE OF	DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A)	Clenty cerons orderein	menitore			
	(This does not mean the made of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO	7				
	injury or complication which caused death.) ANTECEDENT CAUSES	(B)	definition CV deliber	5 years			
	DISEASES OR CONDITIONS, if ony, gi	ving	Ald Perence mention	57500			
	UNDERLYING CONDITION lost.	lhe (C)		J. C.			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID (If in Baltimore ice bldg., INJURY OCCUR?	City, give exact location)			
	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	(APPROX.)	While At Work Not While At Work		6			
	22, 1 certify that (1) (this hospital) attend that (1) (আই) last saw the deceased alive	Marsah M	eptember 19 62 to Marc	17			
	and haur and fram the causes stated above			on death decorred on the date			
	23A. SIGNATURE		nding Med. Stoff	5/1/67			
	23C. PHYSICIAN'S NAME (Type) E. Paul Coffay	7 3 5 77	3100 St. Paul Street	Baltimore, Md.			
	24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City	, town, or county) (State)			
	BURIA 5/3/67. 2	ME OF REGISTRAR	125C. FUNERAL DIRECTOR	ADDRESS			
	MAY 2 1967 R.C.	S. E. Farley MA	LEONARD J. Ruck INC	BAHO. M. 21214			
	VS 150-REV. 1/1/65		1 1 3 0 3				



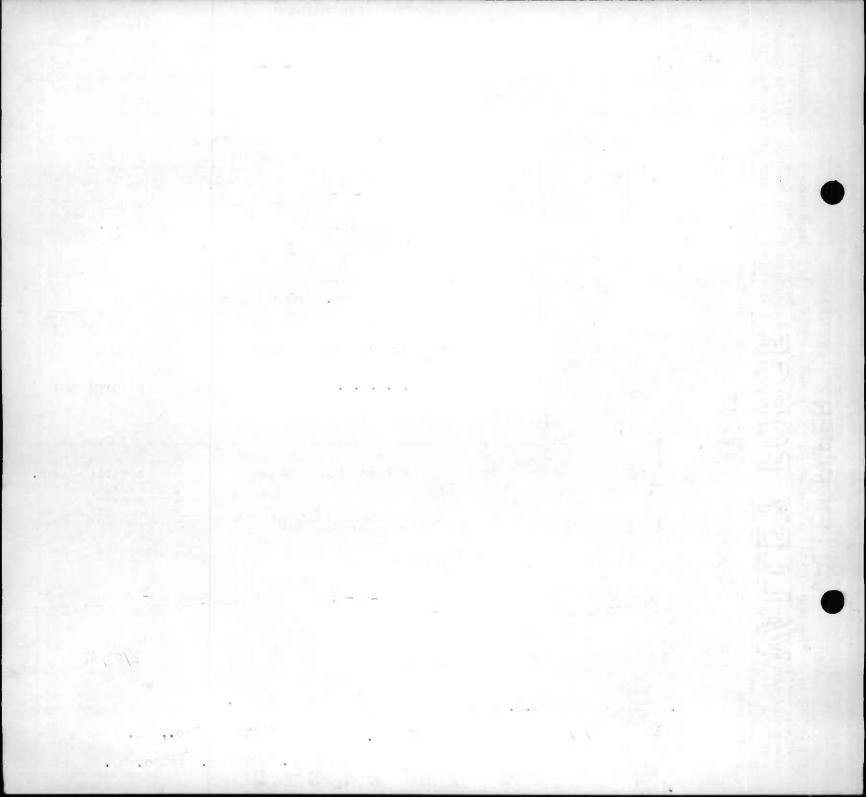
1		0/	4000
	BIRTH	NO. 67.	6316

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) TINA M. PEARRE	2. Date and Hour Pronounced DEAD 4-29-67 10 66 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE MADVIANIA B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	BALTIMORE 26-34
BALTIMURE CITY HOSPITAL	D. STREET ADDRESS (If rurol, give location)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	5929 / ADVECKE / TUE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
FINALE WHITE WIDOWED, DIVORCED (specify)	MARCH 31 1917 lost birthdoy Months, Days, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S NAME	MARYAND U.S.A.
HARRY R PEARLE	0 / 14/ / /
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown), (If yes, give wor or dates af service) SECURITY NO.	17. INFORMANT ADDRESS
No	H.M. Woodward-2815 SUMMITTAUF
1B. 7 S.4. 7	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not meon the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease.	RIOVENTRICULARIS COMMUNIS
injury ar camplication which coused death.)	RIOUENTRICULAKIS COMMUNIS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT BELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OUNDERLYING OR CONTRIB-	in or about 21C. WHERE DID (If in Boltimore City, give exact lacation) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Haur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) m. WHILE AT NOT WORK AT W	WHILE ORK
22. I certify that I held an Inquiry Inspection Aut	topsy and that on this basis, death in my opinian
resulted from: Notural causes Accident Suicide	
ACTUAL SIGNATURE M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D.	ASSOCIATE MEDICAL EXAMINER 4-36-67
23A, BURIAL CREMATION, REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETERY O	OF CREMATORY 23D. LOCATION (City, town, or county) (State)
BURYA 5/1/67. PARK WOOD	LEMETERY BALTO. Mod.
MAY 2 1967 Robert E. Farkens	LEONARD J. Ruck, INC. BALTO. 14, Md.
VS 151-REV. 1/1/65	2 2 2 2 4



				BALTIMORE CITY	HEALTH DEPARTMENT		OPY ACTION
	NO.	OCT. 27	1	CERTIFICA	TE OF DEATH	Registered No	67 4297
, NA	CASE NO. ME OF DEC	EASED Partin				AND HOUR OF DEAT	н 8:50
FL	Bolton	Hill Nursing (If not in hospitol	Center	ive street	A. STATE B. CO		institution: residence before admissi
	STITUTION	address or location	n)		Baltimore D. STREET ADDRESS	(II rurol, give location)	e RURAL ond give township)
7					4012 Morav	ia Road	
	male	White	Sing		8-19-1888	9. AGE (In years lost birthday)	If Under 1 Yı. If Under 24 Months Doys Hours Mir
ione	doring most of	UPATION (Give kind of work working lile, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Franci	s Martin			14. Mothers Maiden i Clara McCom		
		Ever in U. S. Armed For (II yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Imelda	a Seitz	ADDRESS Same
		SE OR CONDITION DIE LEADING TO DEATH not meen the mode of	dying, e.g.,	(A) Cerel	oro vascular a	ccident	3 days
	heort foilure, injury or con DISEASES (rise to th	osthenio, etc. It meons in the properties of the course of	deolh.) ony, giving	(B) A.S.(S.V.D.		several yrs
ATION	heort foilure, injury or con DISEASES (rise to th UNDERLYIN OTHER SIGN TO THE D DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A) G CONDITION lost. II IFICANT BUT NOT RELA CONDITION CAUSING I	ony, giving stoting the	CO	nary incontine		several weeks
ERTIFICATION	DISEASES (ise to the UNDERLYING OTHER SIGN TO THE D DISEASE OR 9 A D D TE OF	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PER	ony, giving stoting the CONTRIBUTING TO THE TO THE TO THE TO THE TOTAL TO THE TOTAL	CO	nary incontine	IN O ZOB. IF YES, WER	several weeks
AL CERTIFICATION	DISEASES (irise to the UNDERLYING OTHER SIGN TO THE DISEASE OR 9 A. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. II IFICANT CONDITIONS CONDITION CAUSING I CONDITION CAUSING I OPERATION 1198 CON	ony, giving stoting the CONTRIBUTING ATED TO THIS. IDITION FOR WED	OUE TO (C) Unit WHICH OPERATION PLACE OF INJURY (e.g., in	nary incontine 20A. AUTOPSY? (Yes of na/	20B. IF YES, WER	several weeks
MEDICAL CERTIFICATION	DISEASES (irise to the UNDERLYING OTHER SIGN TO THE DISEASE OR 9 A. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. II IFICANT CONDITIONS CONDITION CAUSING EATH BUT NOT RELA CONDITION CAUSING OPERATION 198 CON WAS PERI	ony, giving stoting the CONTRIBUTING ATED TO THIT. IDITION FOR V FORMED 218, hometrical (Hour) 21E.	VHICH OPERATION PLACE OF INJURY (e.g., ir e, lorm, foctory, street, of the injury occurred to the injury occurred	20A. AUTOPSY? (Yes of na/or obout 21C. WHERE DID fice bldg., INJURY OCCUR	20B. IF YES, WER	several weeks
MEDICAL CERTIFICATION	DISEASES (rise to th UNDERLYING OTHER SIGN TO THE D DISEASE OR 9A-DATE OF PA-DATE OF CONTRIBUTE DEATH (notify (APPROX.) 12. I certify hat (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving stoting the CONTRIBUTING ATED TO THITT. IDITION FOR V FORMED (Hour) 21E. Whit Work World World ATED ATED ATED ATED ATED ATED ATED ATED	VHICH OPERATION PLACE OF INJURY (e.g., ir e, form, foctory, street, of the le At Work	nary incontine 20A. AUTOPSY? (Yes of na/ or obout 21C. WHERE DID incomplete bldg., INJURY OCCUR 21F. HOW DID	INOI 20B. IF YES, WER IN CERTIFYING CO.	Several weeks E FINDINGS CONSIDERED CAUSES OF DEATH? Fore City, give exact locotion)
MEDICAL CERTIFICATION	DISEASES (rise to th UNDERLYING OTHER SIGN TO THE D DISEASE OR 9A-DATE OF PA-DATE OF CONTRIBUTE DEATH (notify (APPROX.) 12. I certify hat (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving stoting the CONTRIBUTING ATED TO THITT. IDITION FOR V FORMED (Hour) 21E. Whit Work World World ATED ATED ATED ATED ATED ATED ATED ATED	PLACE OF INJURY (e.g., ire, lorm, foctory, street, of M. Work at Work	nary incontine 20A. AUTOPSY? (Yes of na/ or obout 21C. WHERE DID injury Occur 21F. How DID 12 57 19 67 ond	INOI 20B. IF YES, WER IN CERTIFYING CO.	Several weeks E FINDINGS CONSIDERED CAUSES OF DEATH? FOR City, give exact locofion)



67 4298 B	ALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO.	ERTIFICATE OF DEATH Registered No. 07 4230
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
MARY HESNER	4/30/67 11 em M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B. COUNTY
FULL NAME OF (If not in haspital or institution, give stree	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
HOSPITAL OR address ar lacotion)	
The Johns Hopkins He	D. STREET ADDRESS (It rural, over lacation)
1 2 2	1205 Route # I
5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR	
FWm	10-19-66
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE done during most of working life, even if retired)	SS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
housewife	WEST VIRGINIA U.SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wil heet PAUGh.	SARA LAWRENCE
15. Was Deceased Ever in U. S. Armed Forcus? (Yes, no ar unknown) (If yes, give war ar dates af service) SEC	
No	HAROLD W. HETNER (SAME)
18. / 2 5 , 01	CAUSE OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	,
(This does not meon the mode of dying, e.g.,	(A) ANOria immediate
heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	(B) CANdine Annest
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	10 metastatie Cananoma of Ovany
THE CONDITION TOSI,	·
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	= i / / Note has
A DISEASE OR CONDITION CAUSING II.	Intestinal Obstruction
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OWAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 21B PLACE	OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
	factory, street, office bldg., INJURY OCCUR?
OF IN HIEV	OCCURRED 21F. HOW DID INJURY OCCUR?
While At	Not While
Work L	At Work
22. I certify that (I) (this haspital) attended the dece	
that (I) (we) last sow the deceased alive an	4/3.0 19 6 2 and that in (my) opinion death occurred on the date
and hour and fram the couses stated above. (1) Water	did (did not) view the body after death.
James L Allen	M.D. Attending Med. Stoff
23C. PHYSICIAN'S	Phys. Director Phys. 4/30/6)
NAME (Type) JAMES L. AllE	N M.O. Johns Hopkins Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (State)
BURIA 5/4/67. Woods	dALE MEM. PARK GRALTON, W.VA.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS	TRAR 25C. FUNERAL DIRECTOR ADDRESS
MAY 2 1967 Report & to	LEOKARD NUCK, INC. BALTO. 14 Md.
VS 150-REV. 1/1/65	

Rewalls being Newl to F 123 bouse a ta 9100 - 110 VINNE ARREST Metasteric Common est. my Intestinal Editmention

Was

VS 150-REV. 1/1/65

of death

hospital

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attend

Arien Memorial Hespital Patrice 2833 Huntmyten leve Make Couronan Marked 3/13/04 63 Salesclerk port time England Unknown Mackereth Mrs Ruth J. Mackereth S Flat E. Hatern, Je

BALTIMORE CITY HEALTH DEPARTMENT

D-236

BIRTH NO.

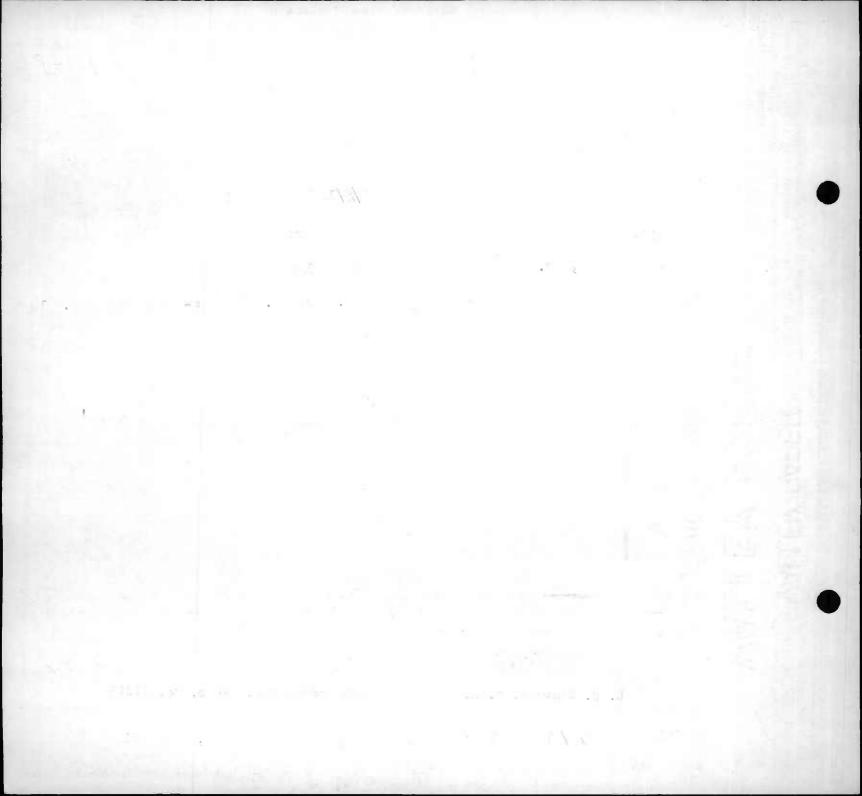
M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

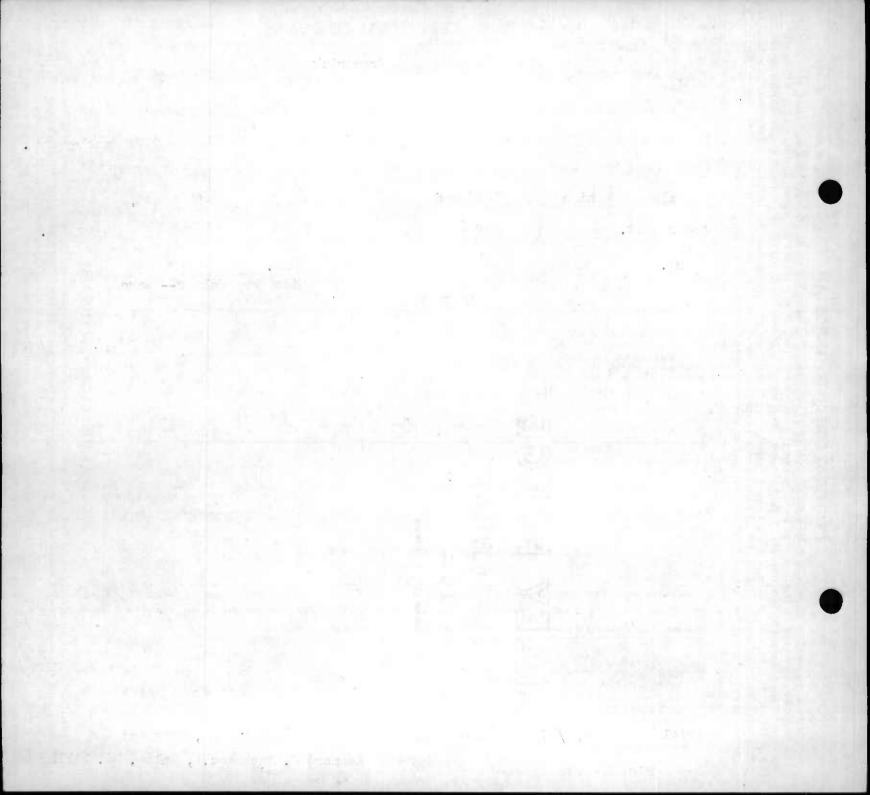
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 4300

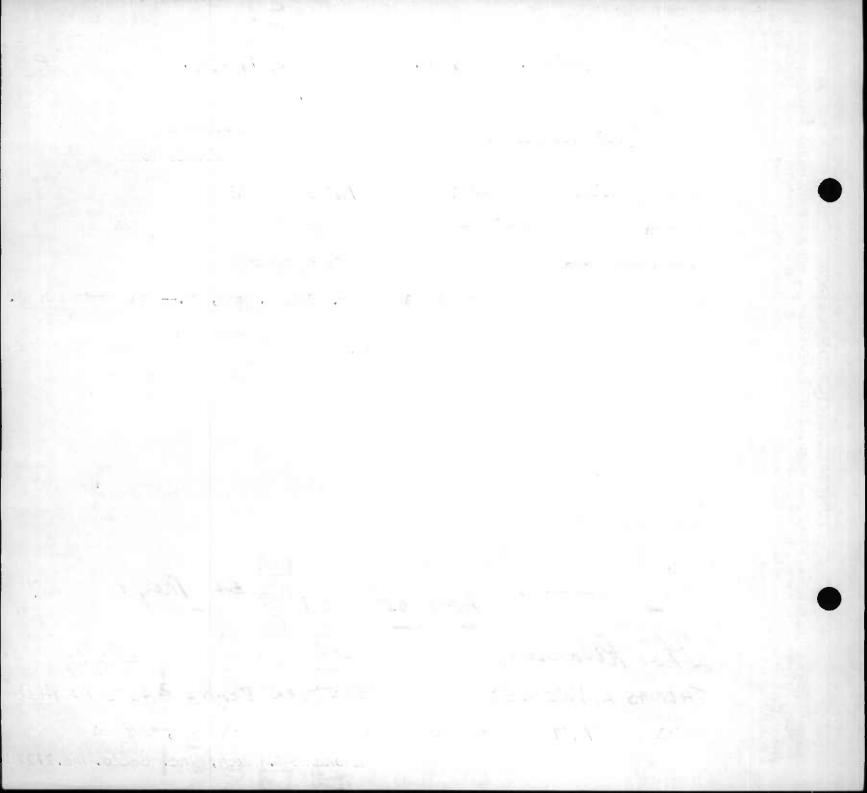
M.E. CASE NO.								
1. NAME OF DECI	ASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
1.760 0. 1.00	ELL	SWORTH	DEXTER			11 28, 1967		:25 A. M.
	MORE MARYLAND, W			A. STATE	DENCE (Where daryland	deceosed lived. If instit B. COU		before odmission
FULL NAME OF ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
INSTITUTION		Baltimore 26-				26-02		
Their	. M	a 1 4 - 1	(704)	D. STREET ADD	ORESS (If rurol,	give location)		
gg Unio	n Memorial H	ospital	(DOA)	4	701 Val	leyview Aver	nue	
5. SEX 6	. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years lost birthday)	If Under 1 Y	. If Under 24 Hrs
Male	White		OLYORCED (specify)	Nov. II		1612 6I		
			BUSINESS OR INDUSTRY			country)	12. CITIZEN C	DUNTRY?
dstone moto on the performance National Cypsum Co.				Marylan			U.S.A	•
13. FATHER'S NAMI	Dexter			14. MOTHER'S A				
					ian Pric	9		
(Yes, no or unknown)	If yes, give wor or dote	s of servicel	16. SO CIAL SECURITY NO. 21.8-01-3885	17. INFORMANT			ADDRESS	
110			21.0-01-3005	Mrs. Ma	y V. Dez	rter sam	le	
(This does not heart foilure, injury or com AN DISEASES OF RISE TO THE UN DERLYING OTHER SIGN TO THE C DISEASE OR	I E OR CONDITION DI LEADING TO DEATH if meon the mode of osthenio, etc., It meons plicotion which coused NTECEDENT CAUSE! IR CONDITIONS, IF A ABOVE CAUSE (AI ST G CONDITION LAST.	dying e.g., the discose, deoth.) NY, GIVING TATING THE CONTRIBUTIN ATED TO TI	(A) Ar DUE TO (B) DUE TO (C)			eart disease	ON	ERVAL BETWEEN
19A. DATE OF	OPERATION 198, CON WAS PER		WHICH OPERATION	No No		20 B. IF YES, WERE FIN IN CERTIFYING CAUS		
V 21A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	21B. home, etc.)	PLACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C.	WHERE DID (f in Boltimore City, giv	re exact location	n)
OF INJURY (APPROX.)	(Month) (Doy) (Yeor	v	HILE AT NOT AT W	WHILE	IOM DID INJU	RY OCCUR?		
	R'S Charles	ISES X A	ccident Suicide	Homic	MEDICAL EX	AMINER X	r 🗌	ATE SIGNED
23A. BURIAL CREM REMOVAL Specify!	ATION. 23B. DATE		Oaklawn Ceme	CREMATORY	23D. LC	Baltimore,	town, or county	yl (Stote)
24A. DATE REC'D E	Y HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR		ADDR	ESS
MA	Y 2 1967 (Poles &	E. Farberna			ck Inc. Bal	to., Md	•
VS 151-REV. 1/1/6	5 1	0 %	7 0					

1	BALTIMORE CITY HEALTH DEPARTMENT						
\times	BIRTH NO. 67 4301	CERTIFICA	TE OF DEATH	Registered No.	67 4301		
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH							
	(Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	R. SE//	4. USUAL RESIDENCE (Where A, STATE B. COUNT	deceased lived. If inst	itution: residence before odmission)		
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	Md.	ide city limits, write RU	JRAL ond give township			
	90 5440 BELAIR ROAD		BALTIMORE 21214				
		D. STREET ADDRESS (If rurol, give locotion) 6004 EdNA AVENUE					
	FEMALE White 7. MARI	7/9/1884	82	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work 10B. KIN) done during most of working life, even it retired)	11. SIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
	Housewife	New York		USA			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E				
	Daniel Koberts, Sr.	Daniel Roberts, Sr.			ADDRESS		
	(Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	Mrs. Troppe C. II	(2)			
	No	212504052	Mrs. Irene C. W	1111ams- 600	O4 Edna Ave. #14		
	DISEASE OR CONDITION DIRECTLY	1	1: 4: 1	1-10	ONSET AND DEATH		
	LEADING TO DEATH	(A) TU	Munaling V	Vral Des	faceund'		
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,						
.	ANTECEDENT CAUSES (B) (B)						
	DISEASES OR CONDITIONS, if any, giving						
	rise to the above cause (A) stating UNDERLYING CONDITION last.	enorcemen, le	revial 200	and .			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED		
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		IN CERTIFYING CAU	SES OF DEATH?			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)		
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED		21F. HOW DID INJU	RY OCCUR?			
	(APPROX)	While At Not While At Work					
;	22. I certify that (I) (the largest of attended the deceased from 3/17 1967 ta 5/1 1967.						
	that (1) (we) last saw the deceased alive an						
	and have and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE						
	11138	ONE M.D. Atte	ending Med. S	Stoff Phys.	5/2/67		
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	117 3.	1/4/01		
	L. B. Stevens, M. D. M.D. 3400 Erdman Ave. Balte, Md. 21213						
	24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C. NAME of CEMETERY OF CRI	MATORY 24D. LO	CATION (City	, town, or county) (State)		
8	Burial 5/5/67 Loudon Park Cometers Baltimore, Maryland						
	dama a control la cont						
	MAY 2 1967 (1) Cy	b & tarkey HA	KEONARD D	Ruck Luc	124/70.//Id. VIV14		



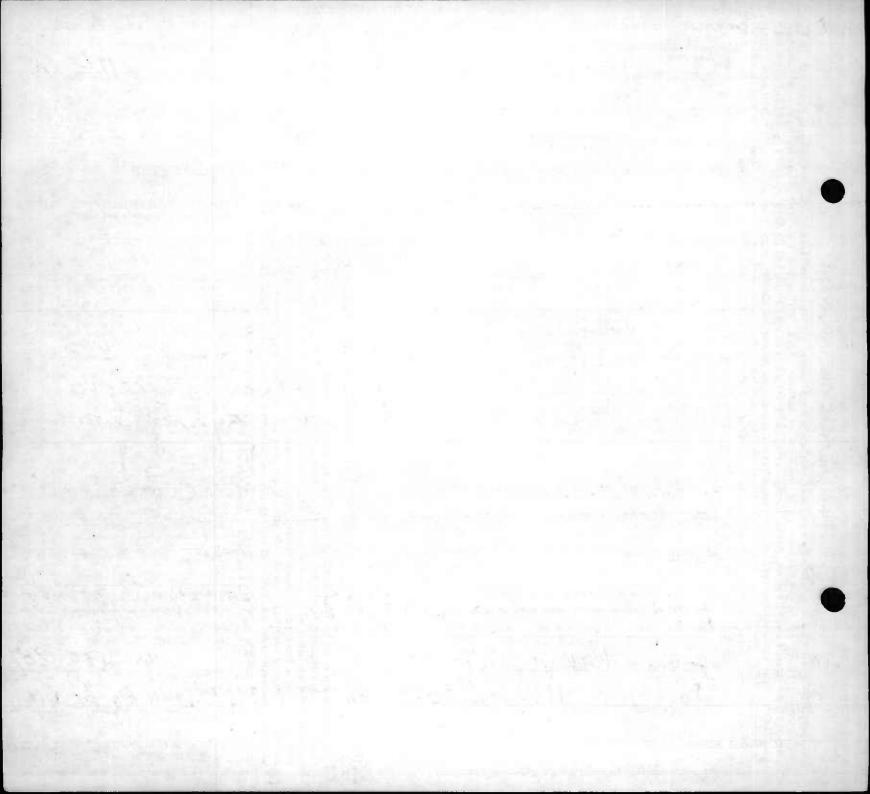
1000	BALTIMORE CITY	HEALTH DEPARTMENT	67 4302		
BIRTH NO. 67 4302	CERTIFICA	TE OF DEATH Reg	istered No. 07 4000		
1. NAME OF DECEASED (Type or Print) WALTER	charles F	rederick May	1767 10		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Colorado		sed lived. If institution: residence before odmi		
FULL NAME OF (If not in hospital or institu	tion give street	MD //			
HOSPITAL OR oddress or locotion) INSTITUTION	rion, give sheet	C. CITY OR TOWN (If outside city	limits, write RURAL and give township)		
	11-0100	Buttimore	27-02		
(Mansland Chen, Hospital			e Jocotion) & 2921 Markley, Ay		
+80		Gould Convalasarium - Belan Ro			
SEX 6. RACE 7. MAR	OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE			
Male White	Widowed	Aux. 8 1892	74		
IOA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BATHPL CE (Stole or foreign count	12. CITIZEN OF WHAT COUNTRY?		
done during most of working life, even if retired) Sawyer (Ret.)	Wood	MA	U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Ul. 7 · A.		
Unk.	11 / 20 7/11	Unk.			
5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of sen	security nd.	17. INFORMANT Miss Mary Walter Same ADDRESS			
No	212037474 A	(Midical R)	lord.		
18. 3 3 / VI	CAUSEC	DF DEATH	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ONSET AND DEAT		
LEADING TO DEATH					
	(This does not meon the made of dying, e.g., DUE TD				
hearl foilure, ostherio, etc. It means the disease, injury or complication which coused death.)					
ANTECEDENT CAUSES (B) Jan Piere 9 LT. Cof					
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the (C) CVA - 2t. hemiphlegia					
UNDERLYING CONDITION Iosi.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
O THE DEATH BUT NOT RELATED TO					
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B, I	F YES WERE FINDINGS CONSIDERED		
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	21B PLACE OF INITIBY	in or obout 21 C. WHERE DID	(If in Boltimore City, give exoct locotion)		
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?	The same of the sa		
U					
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?		
(APPROX.) While At Work At Work					
22. I certify that ((this hospital) ottended the deceased from Manch 2) 19 /7 to May 1, 186 19					
that (1) (we) ost sow the deceased alive on 19 ond that in (my) (our) or frion death occurred on the do					
and hear and from the causes stated above. (N) (We) (did) (Ald not) view the body ofter death.					
23A. SIGNATURE 23B. DATE SIGNED					
Journal Mot	Journal M.D. Attending Med. Stoff Many 1 1 18				
23C. PHYSICIAN'S NAME (Typel		23D. ADDRESS			
TOUNG 82K	MOON M.D.	(mans and	Jan. Host		
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY / 24D. LOCATIO	N (City, town, or county) (S		
REMOVAL (Specify)					
	Parkwood Cemeter		re, Maryland		
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS		
MAY 2 1967 P.O.	JE Jankey	Leonard J. Ruck In	nc., Balto. Md. 21214		
VS 150-REV. 1/1785	15/40	0 4 3 1 9			





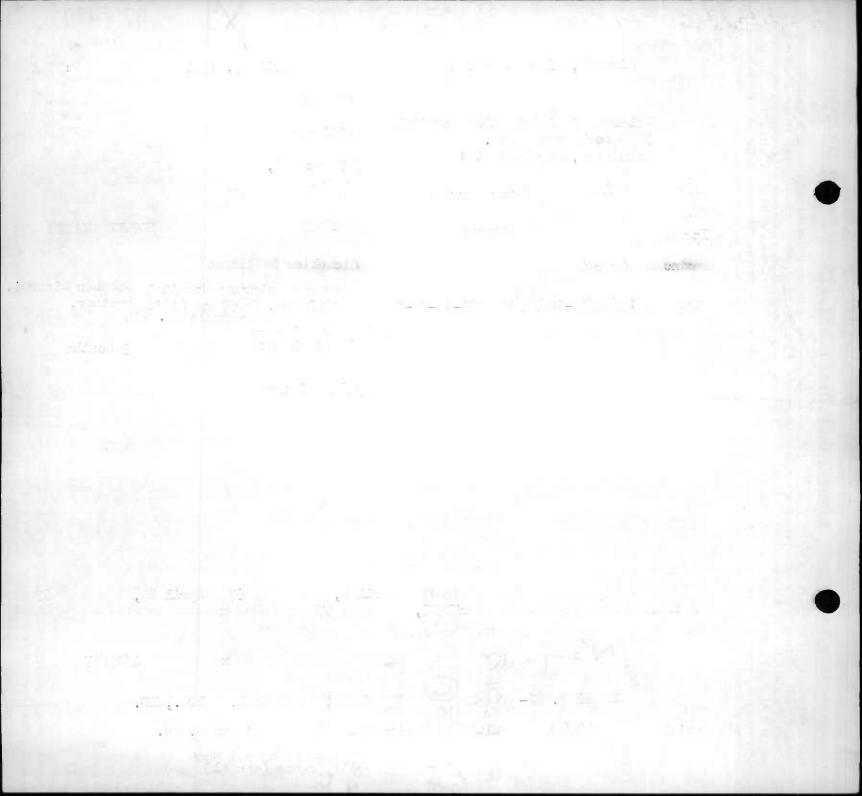
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a hospital and ause of death e; (5) Deceased	ndance on the to death. Such
ath occurred in creating contributing contentined caus	in regular affe leceased prior ton is made.
is assistant if dec b, if the direct of any kind; (4) Un	nced death was endance on the c d or final disposit
examiner or h examiner. Also 3) A fracture of	n who pronour n regular atte : are embalmed
e chief medical by a medical () Body burns; (e the physician hysician was i ore the remains
o the hospital any nature; (2	(except where); and (6) No p e obtained befo
is certificate must be ce body was released to ows: (1) An accident of	was D.O.A. at a nospital (except where the physician who pronounced death was in regular of deceased priving to death); and (6) No physician was in regular attendance on the deceased priving approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 6

CP 4204		Y HEALTH DEPARTMENT	CP 4204		
BIRTH NO. 67 4304 M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered			
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DE	ATH 10 70		
3. PLACE OF DEATH IN BALTIMORE MARYLAND		14. USUAL RESIDENCE (Where deceased lived	967 /2- 4		
S. FEACE OF BEATH IN BACHINORE, MARIEMAN		A. STATE B. COUNTY	. If institution; residence before admission		
FULL NAME OF (If not in hospital or institution, give street oddress or location) NAME OF (If not in hospital or institution, give street oddress or location) NAME OF (If not in hospital or institution, give street oddress or location)		MD			
		C. CITY OR TOWN (If outside city limits,	write RURAL and give township		
		BALTO 21-11			
1 HOUSE IN THE TIMES	1 DELV.	D. STREET ADDRESS (If rurol, give locotion	n)		
9		3327 INGLESIDE A			
WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hi Months: Doys Hours Min.		
M WHITE	UIDOWED	Sept. 1484 82			
(OA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
		RUSSIA	Usa		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	~3~		
0.0					
15. Was Deceased Ever in U. S. Armed Forces?	114 505121	HANNAH 17. INFORMANT			
(Yes, no or unknown) (If yes, give wor or dotes of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
No	212-10-8865	MRS ROSE MIRUIS	SAME		
18. Left life life X	CAUSE	F DEATH	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY		11	ONSET AND DEATH		
LEADING TO DEATH	(A)	Heart Friders	14000		
(This does not mean the made of dying, heart failure, asthenia, etc. II means the dise	e.g., DUE TO		The second		
injury at camplication which caused death.)		./			
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, astheria, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (A) DUE TO DUE TO (B) DUE TO (B) DUE TO (B) DUE TO					
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) Dealets & January Russell 3 70000					
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	carely & Jaryles	eter I The		
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING	V	U		
O THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, W	VERE FINDINGS CONSIDERED		
199. CONDITION FWAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID (If in Bol	timore City, give exact location)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, o	ffice bidg., INJURY OCCUR?			
O 21D TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?			
2 OL HAJOKI	While At Not Whi				
(APPROX.)	Work At Work				
22. I certify that (I) (this hospital) ottend	ed the deceased from	10/4 10 (Zxxx1 32 19 6		
22. I certify that (I) (this hospital) ottended the deceased from 1966 to 2 11 3 1967 that (I) (we) last saw the deceased alive an 2 1967 and that fn(my) (aur) definion death occurred on the date					
and hour and from the causes stated above	(1) (1/2) (414) (414				
ond hour ond from the causes stated obave. (1) (1/6) (did) (dld not) view the body after deoth. 234. SIGNATURE / 1/238. DATE SIGNED					
100 / 100/	M.D. AH	ending Med. Stoff Phys.	04.50 30 10		
forger willinger	web Phy		aprice 20,000		
NAME (Type)	0,	23D. ADDRESS			
Dosert K. Mive	rowitz M.D.	6615 PERCERS	OWN RA BOOKS		
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stote)		
BURIAL 4/30/67	ROSEDALE	BALTO	CM CM		
042111-	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		
	e a Fallina	Sylvan S. Lown & Sor			
MAY 9 1067 1/12 (A.					
/S 150-REV. 1/1/65	10. C. Monay	1100			



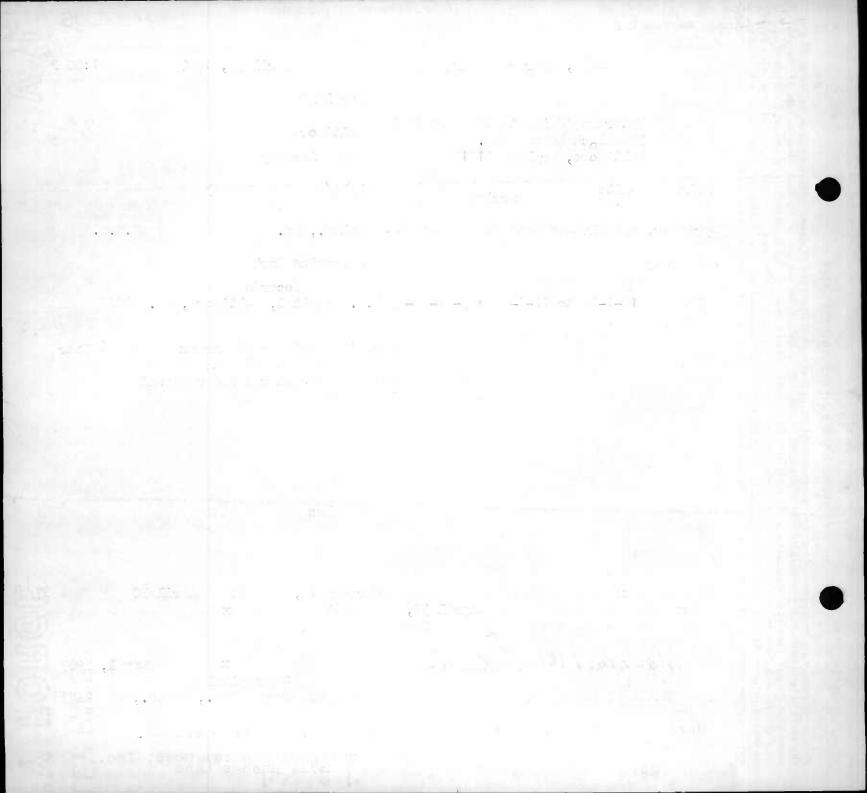
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

				BALTIMORE CITY	HEALTH DEPARTM	ENT	67 4305
BIRTH NO. 0/ 4500 CERTIFICATE OF DEATH Project of No.						. 07 4303	
1. N	AME OF DECEASED				2. D	ATE AND HOUR OF DEAT	H
(Тур	Girardi, Vincent Joseph			A	pril 29, 1967	9:20 A M.	
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENC	E (Where deceased lived, If	institution: residence before admission)	
F	FULL NAME OF Of Oddress or locotion) NSTITUTION Veterans Administration Hospital 3900 Loch Raven Blvd. Baltimore, maryland 21218			Maryland		Balto Co.	
I				C. CITY OR TOWN	(If outside city limits, write	e RURAL and give township)	
0				Baltimore		53-00	
0				D. STREET ADDRESS	(If rurol, give location)		
2 2	SEX 6. RACE 7. MARRIED, NEVER MARRIED			927 Race	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
1	Male Whit	White Widoweb, Divorced (specify) Never Married		2/28/07	fost birthdoy)	Months Doys Hours Min.	
	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)			BUSINESS OR INDUSTRY		e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Iceman		Unkn	iown	MARYLAND		UNITED STATES
13.	Iceman FATHER'S NAME				14. MOTHER'S MAID	EN NAME	
Ca	rmine Girar	di			Micheline	DeFilippo	
15. Yes	Was Deceased Ever in U., ,no or unknown)(If yes, giv	S. Armed Forces?	Servicel	16. SOCIAL SECURITY NO.		Veterans Hospi	ital Stephen Girard
(103		1/42-10/30	1/12	010 10 (0 0)	necorus	veterans Hospi	1218 brother,
_	18. 9 A / V	1	1/45	212-10-69-04 CAUSE O	DEATH {	re, Maryland 21 3206 Avondale R	d. #34INTERVAL BETWEEN
	DISEASE OR COM	I IDITION DIRECT	TLY		ulmonary Di		ONSET AND DEATH
		TO DEATH			Mediastinal		3 Months
	(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It meons the disease,						
	injury or complication which coused death.)			addicina Dia			
	ANTECEDENT CAUSES (B)TO DUE TO			od g kins Dis	ease		
DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the (C)							
	UNDERLYING CONDITION last.						
_							
ATION	OTHER SIGNIFICANT CO						1
CAI	DISEASE OR CONDITION CAUSING IT.			20A. AUTOPSY? (Ye	os or Noll 208 to vec wee	E FINDINGS CONSIDERED	
RTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED			No	IN CERTIFYING C	AUSES OF DEATH?	
	21A. ACCIDENT WAS UN	NDERLYING	21B,	PLACE OF INJURY le.g., in	or about 21 C. WHERE	DID (If in Boltim	ore City, give exact location)
	OR CONTRIBUTING CA	ominer)	hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OC	CUR?	
_	D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
₩hile At Not While							
	Work At Work						
	22. I certify that (1) (this hospital) attended the deceased fram April 4, 1967 to April 29, 1967.						
							pinian death accurred on the date
		causes stated	abave. 🕦) (We) (did) (di/d/n/by) v	iew the bady after	death.	
	23A. SIGNATURE	R			-di Mad	SA-44	23B, DATE SIGNED
			a dh		nding Med. Directo	Stoff Phy s.	4/29/67
	23C. PHYSICIAN'S NAME (Type)	\			23D. ADDRESS		
		URI R. EI	-BAYA	DI M.D.	VETERANS HO	SPITAL, BALTO.	, MD,
24A		4B, DATE		ME of CEMETERY OF CRE		24D. LOCATION	City, town, or county) (Stote)
]	Burial	5/3/67	Bal	timore Nation	al Cemetery	Baltimore, M	ld.
2SA	MAY 2	967 R C		OF REGISTRAR	Schimunek	Funeral Home	ADDRESS
VS	150-REV. 1/1/65		7 6	700	1 3	ns Lane #13	



VS 150-REV. 1/

BALTIMORE CITY	HEALTH DEPARTMENT	57 4306				
BIRTH NO. 67 4306 CERTIFICA	TE OF DEATH Registered No.	77 4000				
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH					
(Type or Print) LANG, Charles Edward	April 30, 1967	1:20 P M.				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fixed, If institute, STATE B. COUNTY	ution: residence before admission)				
FULL NAME OF (If not in hospital or institution, give street	Maryland	X				
HOSPITAL OR oddress of location) INSTITUTION Veterans Administration Hospital	C. CITY OR TOWN (If outside city limits, write RUR	AL ond give township)				
3900 Loch Raven Blvd.	Baltimore D. STREET ADDRESS (If rurol, give lacotion)	26-09				
Baltimore, Maryland 21218	4208 Clareway					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED		f Under 1 Yr. If Under 24 Hrs.				
Male White Widowed, DIVORCED (specify) Married	2/24/14 last birthday 3	Aonths Doys Hours Min.				
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State of foreign country)	2. CITIZEN OF WHAT COUNTRY?				
Spreader, Boys Clothes Strouse Baer Co.	Balto., Md.	U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
John Lang	Josephine York					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT Records	ADDRESS				
	V.A. Hospital, Baltimore, Md	. 21218				
18. / G / X 1 CAUSE O		INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(A) EDITOR CARCITIONS OF DATA - Jear						
heort foilure, asthenio, etc. It means the disease, With direct extension to						
ANTECEDENT CAUSES adjacent structures and regional Out to lymph nodes						
DISEASES OR CONDITIONS, if ony, giving						
rise to the obove cause (A) stoting the (C) UNDERLYING CONDITION lost.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING IT.	120 A AUTOROX (Vo. o. Noll 200 IF Mrs. Marc. Tib.	DINCE CONSIDERS				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN IN CERTIFYING CAUSE	S OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	yes Yes n or obout 21 C. WHERE DID (If in Battimare C	ity, give exact location)				
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	fice bidg., INJURY OCCUR?					
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
OF INJURY (APPROX.) While At Work At Work	e					
22. I certify that (X) (this hospital) attended the deceased from February 16. 19 67 to April 30 19 67						
that NO (we) last saw the deceased alive an April 30, 19.67 and that in () (our) apinion death accurred an the date						
and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.						
23A. SIGNATURE		B. DATE SIGNED				
Margaret Cun Wennes Alle Phy	ending Med. Stoff Stoff Phys.	May 1, 1967				
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS VA Hospital					
MARGARET ANN DENNIS M.D.	3900 Loch Raven Blvd., Balt	o., Md 21218				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE		town, or county) (State)				
Burial 5/3/67 Baltimore Nati		ld.				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Schimunek Funeral Home	ADDRESS.				
MAY 2 1967 P. O. b. Safey M.	3331 Brehms Lane	,				



IMPORTANT FUNERAL DIRECTOR: to the hospital

(4) Undetermined cause; (5) Deceased

contributing cause

of death

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attendance

regular

2 WOS

death

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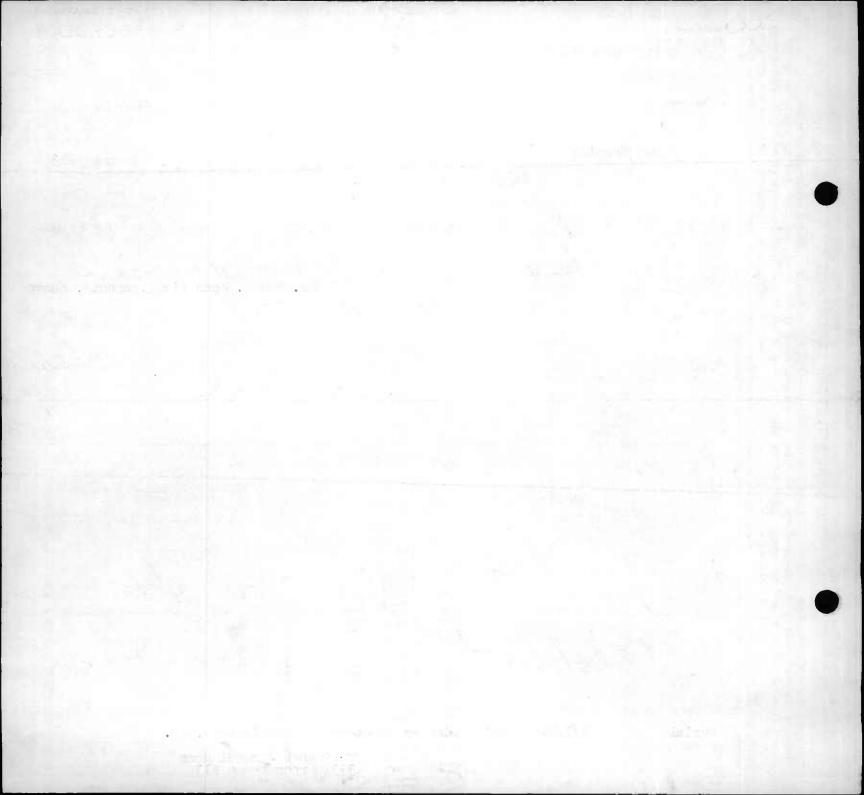
ŧ O. A.

Mas

the body

shows: Ö

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH Registered Na. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) eat FULL NAME OF not in hospital or institution, give street 0 HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give lawnship. prior (If rorol, give location) D. STREET ADDRESS Mercy Hospital Avenue MARRIED NEVER MARRIED WIDOWED DIVORCED (specify) 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. B. DATE/OF BIRTH deceased lost birthdoy) IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLA 12, CITIZEN OF CE (State or foreign country) disposition done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME 0 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL John Ficca, parents, above (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. attendance CAUSE OF DEATH INTERVAL BETWEEN or ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (This daes not mean the made of dying, e.g., 10 heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) regui ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) °Z MEDICAL DEATH (notify medical examined (Month) (Doy) (Yeor) (Hour) 2/ E. INJURY OCCURRED 23P. HOW DID INJURY OCCUR? 9 OF INJURY White At Not White (APPROX.) and At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an. Land that in (my) (our) opinion death accurred on the date eath) and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 238. DATE SIGNED M.D. Attending Med. 9 Phys. Director approval 23C. PHYSICIAN'S 23D. ADDRESS prior 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D, LOCATION eceased (City, town, or county) (Stote) REMOVAL (Specify) decease Burial Holy Redeemer Cemetery Baltimore, Md. 25C. FUNERAL DIRECTOR
Schimunek Funeral Home ADDRESS 3331 Brehms Lane #13 VS 150-REV. 1/1/65



eceased D.O.

VS 150-REV. 1/1/65

SDA

pital and of death Deceased

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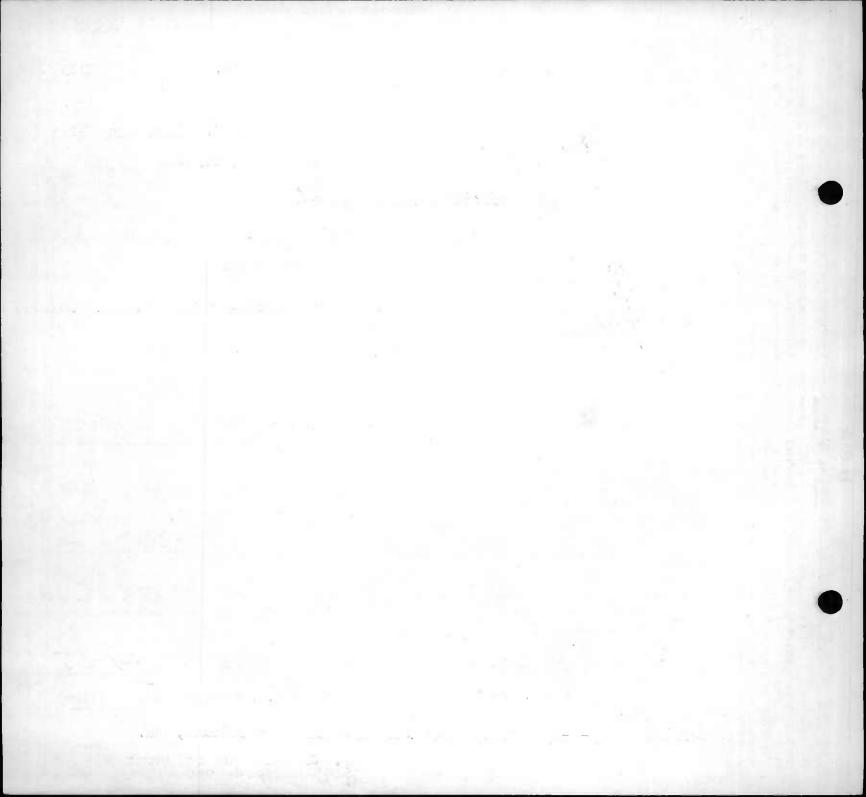
attendance

cause; (5)

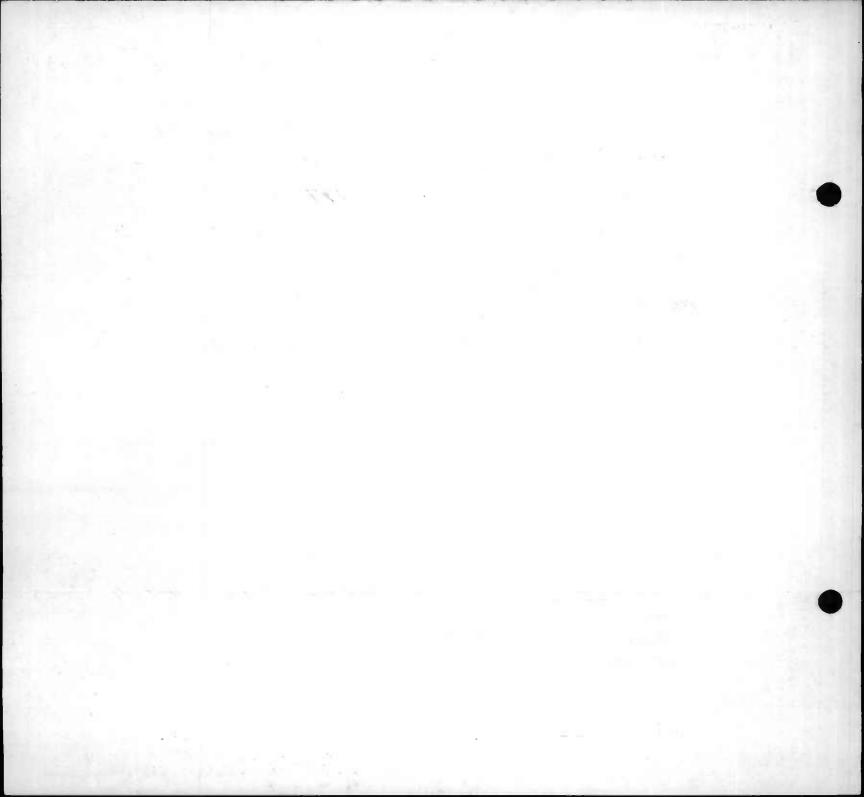
death.

BALTIMORE CITY HEALTH DEPARTMENT Registered No.67 CERTIFICATE OF DEATH BIRTH NO M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) EPRIL 30. MRS MAGDALEN E. 4. USIAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN RALTIMORE, MARYLAND B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give (NSTITUTION JENKINS MEMORIAL HOSPITAL 3301 Dorchester Rd. Baltimore (If tural, give location) 1000 S. Caton Ave. Baltimore, Md. 21229 3301 Dorchester. xx. Koad 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) July 28, 1884 82
BIRTHPLACE (State or foreign country) -widowed INA USUAL OCCUPATION (Give kind of work 10B, KIND 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas J. Kurdle Margaretha Schultz 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown)|(ff yes, give wor or dates of service) 17. INFORMANT ADDRESS 16. SOCIAL SECURITY NO. Medical Records-Jenkins Mem. Hosp. (M. Kohler) No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME (Month) (Dov) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour) OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an AHRIC ... and that in(my) (our) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did <u>not)</u> view the bady after death. 23A. SIGNATUR 23B. DATE SIGNED Attending Phys. Stoff M.D. Med. Director Phy s. 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS Mardel deJ. Rodriguez Linden & S.W.Blvd- Arbutus. M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) Holy Kedeemer emeteru 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Ruck Funeral Home



1	67 4309	BALTIMORE CITY	HEALIH DEPAKIMENT		67 4309
1	TH NO. E CASE NO.	CERTIFICA	TE OF DEATH	Registered No	3. 1000
1. N	IAME OF DECEASED	1.	2. DATE AN	D HOUR OF DEATH	
(Ty	lerou #.	Phillip	2876	April 19	67 12:45 PM
3.	PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admission)
	FULL NAME OF (If not in hospital or institut	ion, give street	7-	ruffand	1) thereal Pa
	HOSPITAL OR oddress or location)	9,11		side ply limits, write RU	JRAL ond give township)
15	10	/,	Hon	and C	0. 63-00
15	16 on Secoure to	Postrital	D. STREET ADDRÉSS (If	rural, give location)	PI
			Mek	- 1000	Rd.
5. 5		NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
2	male ashile.	married	1/17/91	75	
	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Retried		Balter	nale	4.5
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
	John Philles		Mars	0-0-	hup
15.	Was Deceased Ever in O. S. Armed Forces, s,no or unknown)(If yes, give wor or dotes of servi	1 6. SOCIAL	17. INFORMANT	Vasno	ADDRESS
(16.	A Co	SECURITY NO.			
-	18.	CAUSE O	F DEATH		INTERVAL BETWEEN
1	DISEASE OR CONDITION DIRECTLY	//	7 .	9 11	ONSET AND DEATH
	LEADING TO DEATH	(A)	On aletery 7	tallure	Chr
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	Say The State of t		
	injury or complication which coused death.)	/11	tail 1/1)	2 1112 +
	ANTECEDENT CAUSES	(B) OUE TO	VOCC; N. L		700
	DISEASES OR CONDITIONS, if ony, given	ving			
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	lhe (C)			остобительня и фан и и шин ффект аниминистичной пором и и фффф (-) (-) ффект
	II				
N	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			ĺ
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FI	NDINGS CONSIDERED
ERT			Mo.		
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of	fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
U	DEATH (notify medical examiner)	etc.)			
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
<	(APPROX.)	While At Not Whill Nork At Work	e 🗌		
	22. I certify that (I) (this hospital) attended	ed the deceased from	4/17 1	967 to 4	127 1967.
	that (I) (we) lost sow the deceased alive	on 4/27	20 Ely		ion death accurred on the date
	and hour and from the couses stated above	. /	/		
	23A. SIGNATURE				23B, DATE SIGNED
	3 R 1	M.D. Atte	ending Med.	Stoff Phy s	4/2-11-
	23C. PHYSICIAN'S		23D. ADDRESS	rny s./L.\	12710
	NAME (Type)	BAPK M.D.	Ra	San	Home
24A	BURIAL CREMATION, 24B. DATE 24B	NAME OF CEMETERY OF CRE	MATORY 24D 10	CATION (City	10 della
	REMOVAL (Specily)				. lown, or county) (State)
254	Burial 5-2-1967	St. Marys		Ichester, Md.	
234	MAY 2 1967 (2.2.)	& E. Farleyna	25C. FUNERAL DIRECTOR	enhalhol	ADDRESS
V5	150-REV. 1/1/65		F.C. Higinboth	m, Ellicott (City, Md



				BALTIMORE (CITY HEALTH DEP	ARTMENT	11	ON	0.246
M.E.	CASE NO.	57 4	310	CERTIFIC	CATE OF D		Registered Na.		1310
(Тур		HARBIN	, HUBERT			APF	RIL 28, 1	967	5:45 A.M.
3. PI	ACE OF DE	ST.	MORE MARYLAND	PITAL	4. USUAL RES	SIDENCE (Where B. COUNT	e deceosed lived. If in Y	nstitution: residence	before odmission)
	JLL NAME C	OF (If not	in hospital or institu		MARYL	AND	HOWARD	Co.	
	OSPITAL OR ISTITUTION		s or locotion) ENS & CAT	ON AVES	C. CITY OR T	OWN (If outs	ide city limits, write	/-	
	/		0.,MD. 21		D. STREET AC		urol, give location)	63.	IANE
	40	DALI				7.64	REDERICK	RDST.J	OHN IS
5. SI	X	6. RACE	WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BI	RT1968 1	. AGE (In years ost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
	ALE	WHITE	E SI	NGLE	ØK	那级	39 59		
		working lite, eve		ID OF BUSINESS OR INDUS	STRY 11. BIRTHPLAC	JE (Stote or foreig	In country)	12. CITIZEN OF WHAT COU	NTRY?
	Reti	Lred	Fa	rmer	TENNE	SSEE		USA	
13. F	ATHERS NA	ME				MAIDEN NAM	NE.		
	PHILI	P HARBI	N	DEC ID	MINOTI	E (COWA	AN)	DEC D	
15. V	os Decoaseo	Ever in U. S.	Armod Forces? wor or dotes of ser	1 6. SOCIAL	17. INFORMAN			ADDRE	SS
(100)	NO	iii yes, give	wor or doles or ser	?	ST.AGNE	S RECRE	S BAL	TO.,MD.2	12 29
	18.4.2°	2,21		CAUS	E OF DEATH				L BETWEEN
	DISEA	SE OR CONE	DITION DIRECTLY		Hanal	. 6	2	1.6	2
	(This does		made of dying,	e.g., (A)	refour	le C	Poma-		pays
	hearl failure,	asthenio, etc	. II means the dis						
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the						ا د		
							10	2.0	
	rise to th	e above c	ause (A) slaling	The (C)	trteriose	Reotis	Heart Dr.	5/2 5	Jeans
	UNDERLYIN	G CONDITIO	N last.		ase				
ATION	TO THE D		DITIONS CONTRIB						
CERTIFICATION		FOPERATION		FOR WHICH OPERATION	20A. AUTO	PSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIGNATED	DERED
A.	OR CONTRIB	NT WAS UND UTING CAL medicol exan	JSE OF	218 PLACE OF INJURY (e home, form, foctory, stree etc.)	.g., in or obout 21C.	WHERE DID RY OCCUR?	(If in Baltimor	re City, give exoct	locotion)
	21D. TME	(Month) (D	oy) (Yeor) (Haur)	21E. INJURY OCCURRED	21 F.	HOW DID INJU	JRY OCCUR?		
5	OF INJURY			While At Not At W	While				
	22	. AL = A XI \ / AL:	- h	ded the deceased fram	ADD II 3h	11	,67 , APR	IL 28,	10 67
				an APRIL 28,			t in (NyX (aur) api		annana V
	and have an	d fram the c	auses stated aba	ve. (X (We) (did) (d)(4)					
	3A. SIGNATI	URE						238. DATE SIGNE	
	10	Keja	unter (111116 M.D.	Phys.	Med. Director	Stoff Phys.	4-28	-6/
	NAME (23D. ADDRESS				
		MEJIA		N	ST . AGNE	S HOSP	ITAL-BALT	0.,MD. 2	1229
24A	BURIAL CRE	MATION. 248	3. DATE 2	4C. NAME of CEMETERY of	CREMATORY	24D. LO	CATION (C	ity, town, or county	(Stote)
		THE CHILD							
	Buria		5-1-1967	Good Shepher	1	I	Ellicott Çi		
25 A.			5-1-1967 DEPT. 25B. NA 1967. R. O	Good Shepher	25 GyFUNG	RAL DIRECTOR	Ellicott Ci wholko om.Ellicott	ADD	DRESS

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637 07 1041	BALTIMORE CITY	HEALTH DEPARTMENT	67 1311
BIRTH NO. 6/ 4311	CERTIFICA	TE OF DEATH Register	ed No.
M.E. CASE NO. I. NAME OF DECLASED HARTZLER. Harb	ert Clarence	2. DATE AND HOUR OF	DEATH .
Type or Print) HACT 2/1-0	YERBERT	29 Bre	(67 W:45 n
PLACE OF DEATH IN BALTIMORE, MARYLAND	JENDERI	4. USUAL RESIDENCE (Where deceosed live A. STATE B. COUNTY	ed. If institution: residence before a missio
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	DELAWAR G	
INICTITUTION	11	C. CITY OR TOWN (If outside city limits	, write RURAL and give township)
MARYLAND GENE	est Hosp	DELMAR	V-0/
I STINICION S CO		D. STREET ADDRESS (If rurol, give loca	
10		/ (Whitesy	
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yellost birthdoy)	ors If Under 1 Yr., If Under 24 H Months Doys Hours Min.
m h	MERIED	11-20-13 54	
DA. USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)	1000	MA	WHAT COUNTRY?
FARMER- poultryman	AKM	UNIO	ush
Clarence/	,	14. MOTHER'S MAIDEN NAME	
KOCKOWNOCHTON & HIS	RTZ (I=P.	Crystal Southerner	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of serv		Was Wildmed Hontales	White wills Delaws:
Yes War II	276-12-4161	Mrs. Mildred Hartzler	
18. 330 XI		F DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		ub skach sois He	lear-
LEADING TO DEATH	(A)	ub ARACGNORD /YE	MORRUHUE
(This does not meon the mode of dying, heart failure, asthenio, etc. It means the dise			
injury ar camplication which caused death.)			
ANTECEDENT CAUSES	(B)	***************************************	
DISEASES OR CONDITIONS, if ony, gi			
rise to the obove cause (A) stating			
UNDERLYING CONDITION lost.			
_ []			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO			
DISEASE OR CONDITION CAUSING IT.			
194. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
2 HARICOI SUBACA	cholows HEMOLA	Led G c	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21 C. WHERE DID (If in	Boltimore City, give exact location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Whi		
(APPROX)	Work At Work		
22. I certify that (I) (this hospital) attend	ed the deceased fram	19 08 pail 1961 to	29 OF PIRIC 19 6
that (ا) اعتدار) last saw the deceased alive	on 29 MARIC	19 67 and that in (my) (e	apinian death accurred an the d
			., ., ., ., ., ., ., ., ., ., ., ., ., .
and haur and fram the causes stated above	e. (If pire) (did) (did-flot)	view the bady after death.	Los Dive delle
23A-SIGNATURE		6. //	23B, DATE SIGNED
Mureul By to	M.D. All	ending Med. Stoff Phys. Director Phys.	24 pret 6)
23C.PHYSICIAN'S NAME Type	2	23D. ADDRESS	0/5
NAME TYPE!	Lydel M.D.	Maristand 1:	un f Hann
MA PURIAL CREATANION DATE TATE	1,000	FAAATORY DELLA CE	icia
AA. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
Burial May 3,1967	Parsons Cemeter	Salisbu	rv. Marvland
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAY 2 1967 P.O.	BE Farley MA	HOLLOWAY & COMPANY,	SALTSBURY, MARYLAND
The state of the s	D. C. Marina	TOTAL OF COMMENTS,	AND
/S 150-REV. 1/1/65	0 / 0		

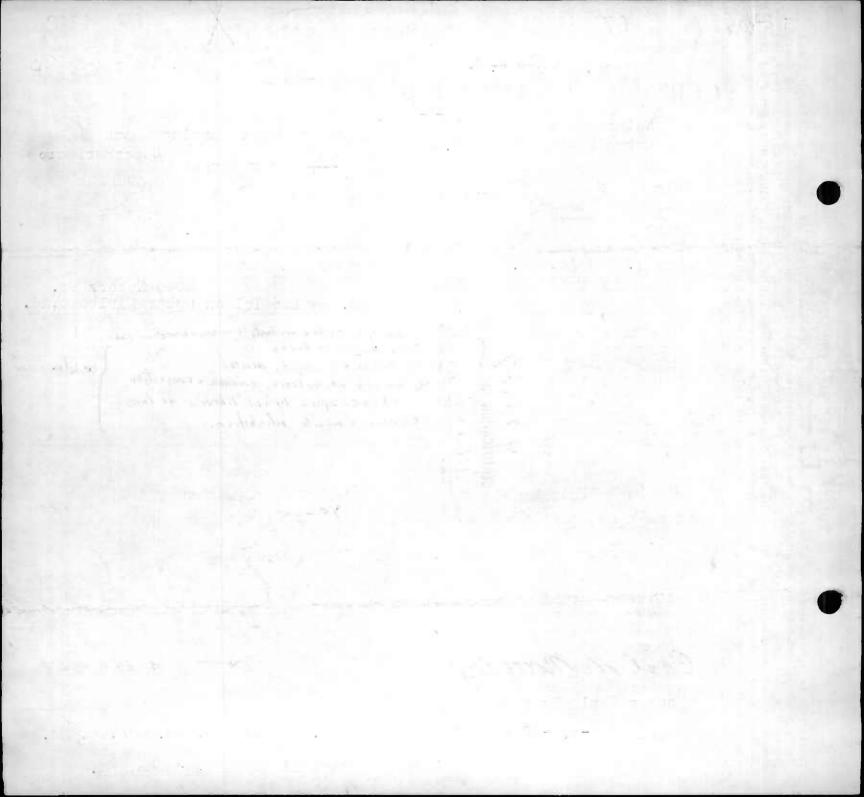
Machine German Hery Delinge 1-20-13 Cardanal M forance FARM Oh:0 Kenneth S HARTELECK See la révillement Hermandetie 27 Appel 67 Substitution in Homenday. The second same in which he Calarian X Miliast B. Lymi Maryland General Horge

of death Deceased

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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) April 24th. 19617 Tolson. Emory Ja I. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence Marvland HOSPITAL OR (If outside city limits, write RURAL and give township) Taylor Manor Nursing
D. STREET ADDRESS (If rural, give location) Home UpperMarlboro Street Water 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Hours lost birthdoy) Months Doys 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Upper Marlboro. Md. 14. MOTHER'S MAIDEN NAME Bessie M. Proctor 4040 Waters St. Mrs. Maxine Tolson Upper Marlboro, Md. INTERVAL BETWEEN Aspirated gastric contents trached a breachial tubes gastrities + esuplagities acute undotermine Rulmonary Atelectasis, edema + Congestion DUE TO Ghon Complex Apical Librosis of lungs 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Y 4 5 Ilf in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? and that in (my) (aur) apinion death occurred an the dote 23B, DATE SIGNED 24D. LOCATION (City, town, or county) 8-67 Lincoln Memorial Cem. Suitland, Pr. Geo.Co. Md. Burial 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Martell Adams Aquasco, Md. VS 150-REV. 1/1/65



	0.50	BALTIMORE CITY	HEALTH DEPARTMENT	67	4313
	BIRTH NO. 67 4313	CERTIFICA	TE OF DEATH	Registered No.	1010
	I. NAME OF DECEASED	as A.	2. DATE AND	HOUR OF DEATH	14 a
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	<u> </u>	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived, If institut	ian: residence before admission)
	FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or lacotion)	give street	C. CITY OR TOWN (If outs	ide city limits, write RUR	L ond give fownship)
4	WORTH CHARLES GEN	PRAL.	BALTIMORE D. STREET ADDRESS (IF TO	urol, give tocotion))-0)
0	HOSPITAL		24/2 WOO	d BROOK A	Tre. #21217
made	MALE NEGRO 7. MARRIED, WIDOWES	D. DIVORCED (specify)	8. DATE OF BIRTH $4-16-99$. AGE (In years If Ma	Under 1 Yr. If Under 24 Hrs.
si no	10A. USUAL OCCUPATION (Give kind of work 108, KIND Of done during most of working life, even it retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n cauntry) 12	CITIZEN OF WHAT COUNTRY?
disposition	RETIRE OF SILLING	Worker	14. MOTHER'S MAIDEN NAM	ie C	Wited States
isp	Charles Holley		MAGEL	0	
final	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no ar unkna wn) (If yes, give war ar dates of service)	SECURITY NO.	17. INFORMANT	MART	ADDRESS
or fi	18. 4 9 2 W	CAUSE O	F DEATH	Les GENE	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A)	11 Denni a		
balmed	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It meons the disease, injury or complication which coused deoth.)	DUE TO	Uremia		\$ 000 000 000 000 000 000 000 000 000 0
e B	ANTECEDENT CAUSES	(B)	Chrone A	ephrata,	
sare	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION lost.	(C)			
the remains	z II				
e rer	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING IT.	E			
e th	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes ar No)	108. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
before	U 21A. ACCIDENT WAS UNDERLYING 21B	ne, larm, factory, street, at	n ar about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimare Cit	y, give exact lacotion)
	OF INJURY (Manth) (Day) (Year) (Haur) 21E.	. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
btained	(APPROX.) Wo 22. I certify that (I) (this haspital) attended t	rk At Work		9/510 5	1965,
pe o	that (I) (we) lost sow the deceased alive on	ether a	40		deoth occurred on the date
must	ond hour ond from the couses stoted obove. (1 23A. SIGNATURE	i) (We) (did) (did not) v	iew the body ofter death.	238	B. DATE SIGNED
	F. library	Phy	s. Director F	Staff Phys.	5.2.67
approval	23C. PHYSICIAN'S NAME (Type)	M.D.	230. ADDRESS 2404 EUT	AW PLACE	= #2/2/7
	24A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specify)	AME of CEMETERY OF CRI	MATORY 24D. LO	CATION (City, to	awn, or county) (State)
written	25A. DATE REC'D BY HEALTH DEPT: 25B. NAME O	of REGISTRAR	25% FUNERAL DIRECTOR	etto. Mi	ADDRESS
3	MAY 3 1967 R. C	5 8, Farber MA	Earl Gil	more 182	7W. North Che
	VS 150-REV. 1/1/65	The state of the s	1 10 100		

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		67 431	9	BALTIMORE	CITY HEAL	H DEPARTM	ENT			67	A24 A
1	TH NO.	401.	3	CERTIFI	CATE	OF DEA	TH	Registered	No	07	4014
1. N (Typ	AME OF DECEA		Evely	h	IIA US		5.40		AP	eril.	29/67M.
	FULL NAME OF	(If not in haspito	or institution, g	give street	A. STA	634 L	- AWI	eHA	HARY	Hand,	America 33
	NSTITUTION"		ours H	tosp; +Al		BAI+	more	e city limits, w		ond give	20-02
	07							reHA			
5. \$	T 6	Negro	WIDOWED	NEVER MARRIED D, DIVORCED (specif	(w)	7-12	loci	AGE (In years birthday)	Mor	Jnder 1 Yr. oths Doys	Hours Min.
don	during most of wo	ATION (Give kind of working life, even if retired)	IN 108, KIND OF	BUSINESS OR IND	USTRY 11. BIR	THPLACE (Stote	or foreign	country	12.	CITIZEN C	DF DUNTRY?
13.	FATHER'S NAME	10c 7	- 71/08	Iton	14. MG	THER'S MAID	EN NAME	2 . 201			
15. Yes	Was Deceased E s, no or unknown) (I	ver in U. S. Armed Fo f yes, give wor or do	orces? les of service)	16. SOCIAL SECURITY NO.	17. INF	ORMANT	Part	h. 373	of He	ADD	RESS Pl
-	18. 44	3 XI		CAU	SE OF DEA	H	Jac 10	27010	6/4		VAL BETWEEN T AND DEATH
		OR CONDITION D		(A)	SUZARA	HNOID	AND IN	UTRACERA	RPAI		Iday
	heart failure, as	mean the made a sthenia, elc. It mean icotion which cause	s the disease,	DUE TO	HEMO	RRHAGE.					·
		ITECEDENT CAUSE		(B) P	TYPERTE	usive Ci	ARDIQU	ASCULAR SEASE		Yc	ARS
	rise to the	CONDITIONS, if obave cause (A) CONDITION lost.		(C)	989 ** ********************************					~~~~	••••
ATION	TO THE DEA	CANT CONDITIONS TH BUT NOT REL ONDITION CAUSING	ATED TO THE	3 E							
CERTIFIC	19A. DATE OF C		NDITION FOR V	WHICH OPERATION	20 A	AUTOPSY? (Ye	es or Nol 2	OB. IF YES, W	CAUSES	NGS CON OF DEATH	SIDERED 1?
CAL	OR CONTRIBUTS DEATH (notify m	WAS UNDERLYING NG CAUSE OF	21 B. hom etc.)	PLACE OF INJURY (e, form, foctory, stre	le.g., in or abo eet, affice bld	21 C. WHERE	DID CUR?	(If in Bolt	imore City,	, give exac	ct location)
MEDI	21 D. TIME (/ OF INJURY (APPROX.)	Month) (Doy) (Yeor		INJURY OCCURRED	While Work	21F. HOW D	OID INJURY	OCCUR?	1	. 0	
		at (I) (this haspitalist saw the deceas		of Prix	201	rila	and that	10 (my) (aur)	opinian	deoth oc	29 19 67.
	and haur ond f	ram the causes st	ated above. (I) (We) (did) (did r	nat) view the	body after	deoth.		10%0	DÁTE SIG	NED
		H.1	Shi	1/2di m.o.	Attending Phys.	Med. Directo	Sio Phy	ff, s.	4/	29	67
	NAME (Tra	bdolha	mid o	Shiladi	M.D. 23 D. AD	Bon S	eCo	urs	HO	5%	rital.
24A	REMOVAL (Spe	ATION, 248. DATE	24C.NA	ME of CEMETERY	CREMATOR	Υ	BAD.	ATION	(City, tov	vn, or cour	nty) (State)
25A	. DATE REC'D B	HEALTH DEPT.	258. NAME O	F REGISTRAR	250	FUNERAL DI	RECTOR	101.1	1.71	720	DDRESS N MA A MAR S

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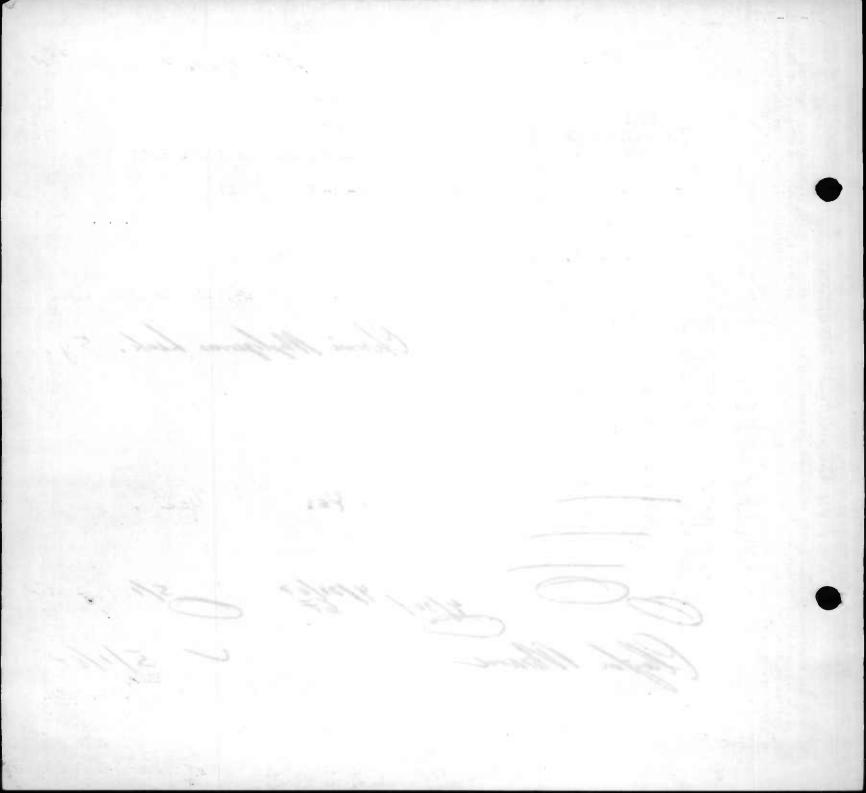
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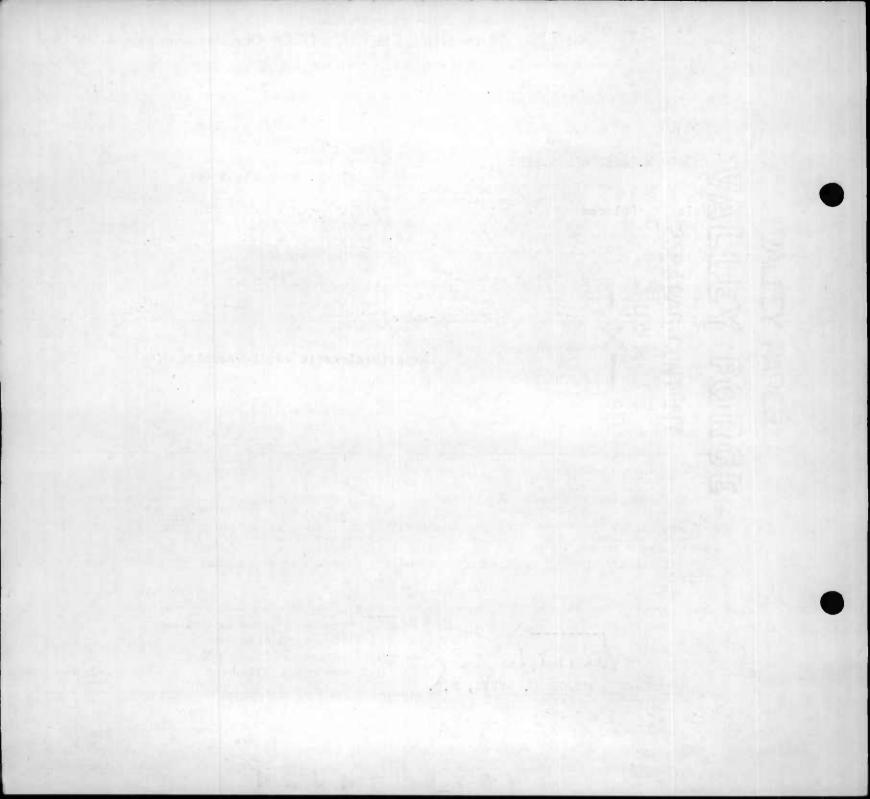
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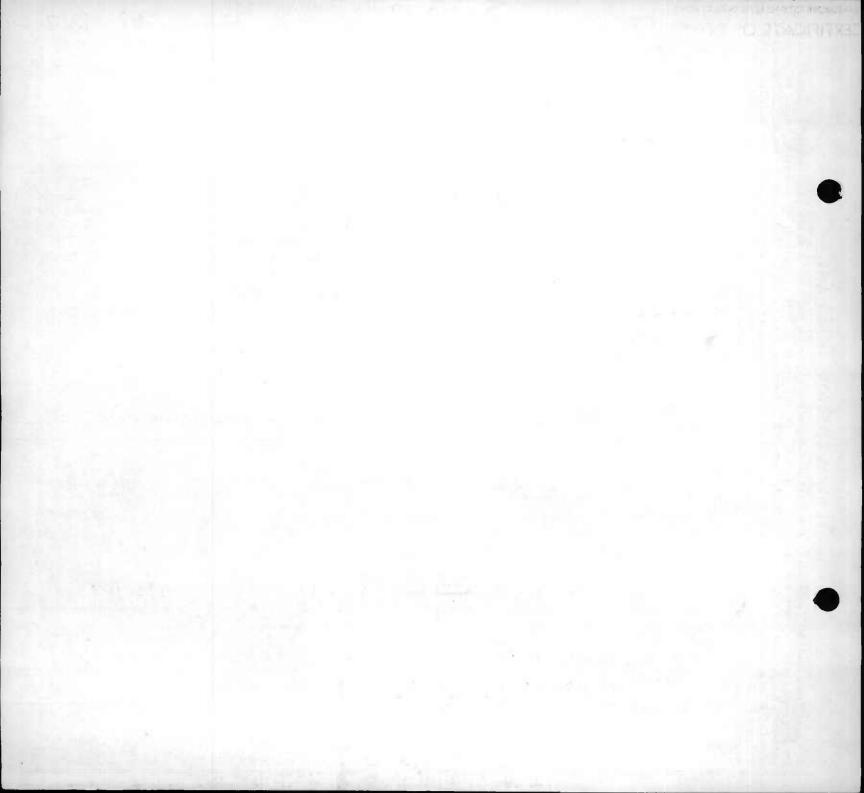
Vi	BALTIMORE CITY	HEALTH DEPARTMENT	C'7 AOAE
BI		TE OF DEATH Registered No.	67 4315
1.	E. CASE NO. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(T	ype or Print) HILDA WILLIAMS	May 1,1967	12 15 AM.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street	A. USUAL RESIDENCE LYNGIE deceased lived. If inst A. STATE B. COUNTY MARYLAND	litution: residence before admission)
	HOSPITAL OR oddress or locotion) INSTITUTION BALTIMORE CITY HOSPITALS	C. CITY OR TOWN (If outside city limits, write RU BALT IMORE	JRAL and give township)
i	3 / 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224	D. STREET ADDRESS (If rurol, give locotion) 2445 DRUID HILL AVENUE 2	1217
5.	FEMALE NEGRO 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 4-19-20 9. AGE (In years lost birthday) 47	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired) Murse aid	11. BIRTHPLACE (Stote or foreign country) VIRGINIA	12. CITIZEN OF WHAI COUNTRY?
13	JAMES D. REED	14. MOTHER'S MAIDEN NAME LOTTIE PAGE	
	. Wos Deceased Ever in U. S. Armed Forces? 25, no of unknown](If yes, give wor of dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
11	218-12-7502	BCH; RECORDS 4940 EASTER	N AVENUE 21224
	1B. CAUSE O	F DEATH	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY	0/ . 10/	ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	nome fflyelighman Le	14K. 59,
	heart failure, asthenia, etc. II means the disease,		
	injury or complication which coused death,) ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above couse (A) stoting the (C)		500,000
	UNDERLYING CONDITION last,		
NOIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CEPTIEIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
140	OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	in or about 21C. WHERE DID (If in Valtimore INJURY OCCUR?	City, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not Whi		
	Work At Work	111-11	-1. 19
	22. I certify that (I) (this hospital) attended the deceased from	19 10	1967
	that (I) (we) lest sow the deceased alive an	19 6 — ond that in (my) (aur) apin	ian death occurred on the date
	and haur and from the causes stoted abave. (1) (We) (did) (slid not)	A Company of the Comp	23B, DATE SIGNED
	M.D. Att	ending Med. Stoff	-///2
	23C. PHYSICIANS Phy		5001
	PAR CLAYTON MORAVEC M.D.	DALITHOID OILL HOOF	
124	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	4940 EASTERN AVENUE B.	ALITU. MD. ZLZZA 7. town, or county) (Stote)
	REMOVAL (Specify)	Ph Rut -	ma
25	A. DATE REC'D BY HEASTH DERTY 26B. NAME OF REGISTRAR	25G, FUNERAL DIRECTOR //-	ADDRESS
	A. DATE REC'T BY HEASTH DEPT OF REGISTRAR	Milington A Khillies	17277 N M Ruchs
I	150-REV. 1/1/65	The state of the s	1,00,11,1000



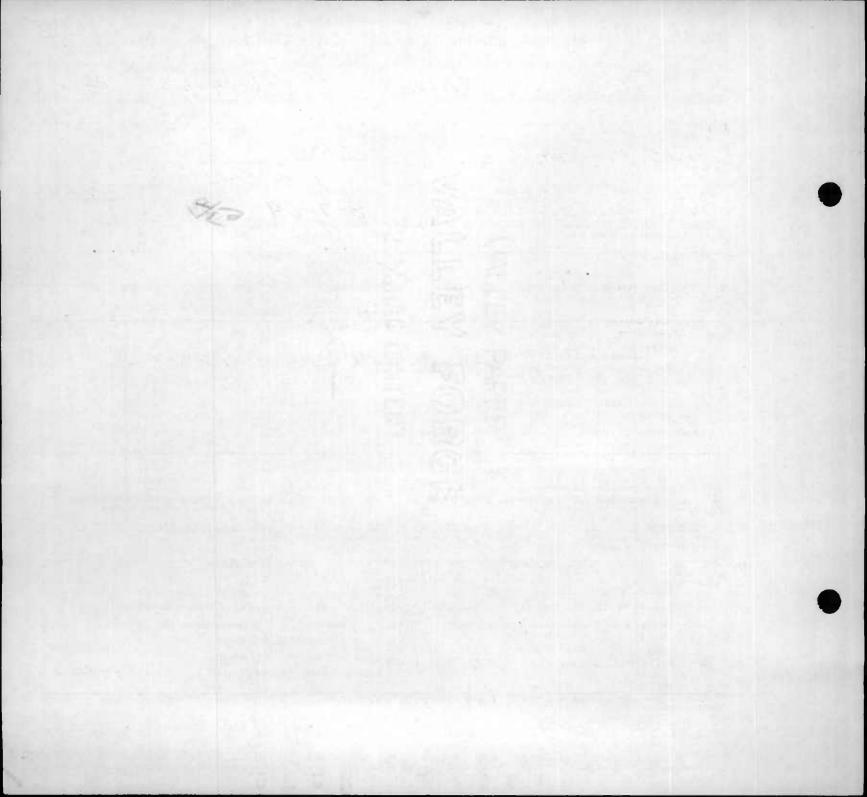
BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 4316

M.E. CASE NO.		0.043	E AND HOUR PRONCUM	CED DEAD
1. NAME OF DECEASED (Type or Print)	The same and the same of		AND HOUR PRONOUNG	
ALBI			4-30-67	10:22 AMM.
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PROMOGNICED DEAD	A. STATE	B. CO	UNITY
	OR INSTITUTION, GIVE STREET	Maryland	and de community limits and	te RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION	ON)	C. CITT OK TOWN (III	outside corporate ilinits, wil	He KOKAL and give id wiship!
		Baltimore		16-01
1410 N. ROSEDALE ST	REET	D. STREET ADDRESS (f rural, give lacation)	
		1410 N. Ro	sedale Street	21216
	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male Colored W	IDO WED, DIVORCED (specify)	111 14 10	last birthdays	Months Days Hours Min.
	B WALL OF BUSINESS OF INDUSTR	YII. BIRTHPLACE (State of		12. CITIZEN OF
10A. USUAL OCCUPATION (Give kind of work) 10 dapp during may of working life, even if retired)	a. MIND OF BUSINESS OR INDUSTR	TITI. BIRTHPLACE (Side of	noreign country/	WHAT COUNTRY?
U.S. Davessment End	Social Security	& Balleman	e, ont.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Unt	nduln	Jaura,	B. Water	2)
15. WAS DECEASED EVER IN U.S. ARMED F		17. INFORMANT	,	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates		1	1	1
yes WNI	212-16-6396	Jaura 1	(alers)	pane
182/4-02/	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	CTLY			CHOCK AND DEATH
LEADING TO DEATH	. (A) Artei	ciosclerotic c	ardiovascular	disease
(This does not mean the made of d heart foilure, osthenia, etc. It means th	ying, e.g., DUF TO	***************************************		
injury or complication which caused dec	oth.)			
ANTECEDENT · CAUSES				
DISEASES OR CONDITIONS, IF ANY	, GIVING (B).			000000000000000000000000000000000000000
RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.				
	(C)	999 / 000 A A - 0 A 0 0 0 0 A 0 0 0 0 0 0 0 0		***************************************
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT TO THE DEATH OF OPERATION 1998, CONDITION WAS PERFORMANCE.	<u> }</u>		. , ,	
MOTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING			
TO THE DEATH BUT NOT RELA				
DISEASE OR CONDITION CAUSING I	TION FOR WHICH OPERATION	20 A ALITOPSY? (Yes	or No. 208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFO			IN CERTIFYING CA	USES OF DEATH?
31<	OLD BLACE OF INITIANY	Yes	Yes	
UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, factory, street,	office bldg., INJURY OCCI	JR?	give exact (acation)
UTING CAUSE OF DEATH.	etc.)			
210 IIME (Month) (Day) (Teal)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DI	NJURY OCCUR?	
OF INJURY (APPROX.)	WHILE AT NOT	WHILE		
		VORK		
22. I certify that I held an ling	uiry Inspection Au	stapsy X and that	an this basis, death in	my apinian
resulted fram: Natural caus	es X Accident Suicio	de Hamicide	Undetermined man	nor 🗍
resorted from: Ratoral Cabs	Accident Soleti			ner 🗀
ACTUAL 1000	16/	CHIEF MEDICA		DATE SIGNED
SIGNATURE MUSICAL	he fact Mil	ASSISTANT MEDICA	L EXAMINER X	
EXAMINER'S	/ (/ " (ASSOCIATE MEDICA		5-1-67
NAME (Type) WERNER	U. SPITZ, M.D.			
23A. BURIAL CREMATION, 23B. DATE	239. NAME of CEMETERY	or CREMATORY	23D. LOCATION (Ci	ty, town, or county) (State)
REMOVAL (Specify)	19 18001	10 YETIGIA	Rolling	wall my
24A, DATE REC'D BY WEALTH DEPL	24B, NAME OF REGISTRAR	24C, FUNERAL DIR	Scrop 1	ADDRESS
1967	24B NAME OF REGISTRAR	240 PUNERAL DIR	1 11 11	= (1)
1	SOUD E , COUNCIPAIR	Vinlende	Welles	10) 1727 XI. Maurils
VS 151-REV. 1/1/65	-: /	1 10	A The state of the	

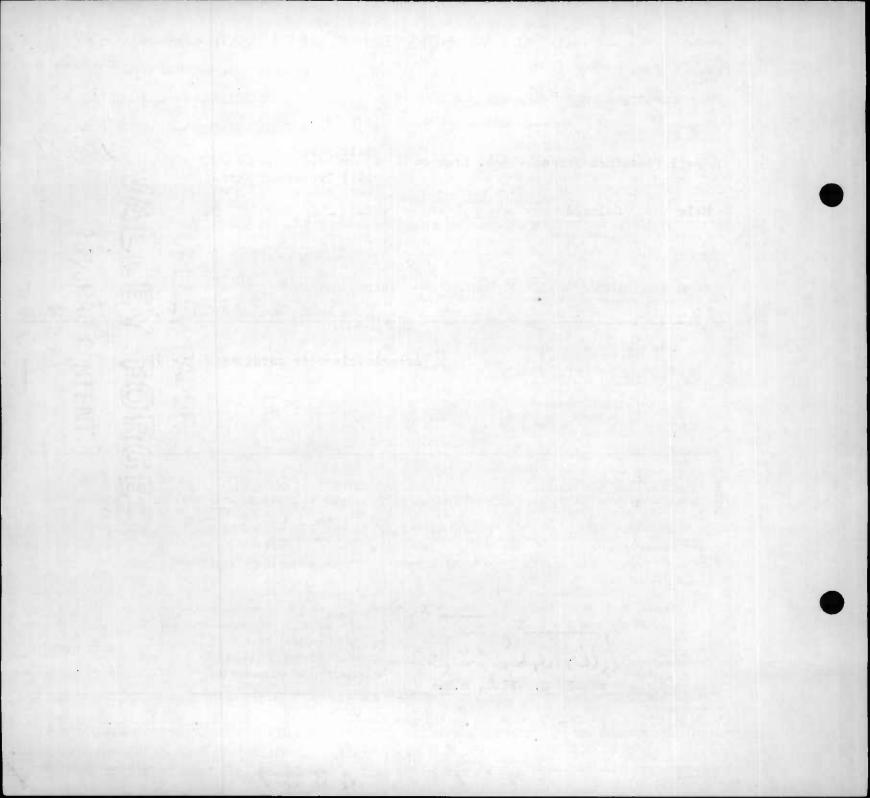




E CASE NO.				
Print ALELLE	BACKEDUN		AND HOUR PRONOUNCED DEA	1100 D
PLACE IN BALTIMORE, MARYLAND				residence before odmission)
LL NAME OF (IF NOT IN HO	SPITAL OR INSTITUTION, GIVE ST	REET C. CITY OR TOWN (If a	utside carparate limits, write RURA	ond give township)
				16-05
608 N. Pa	ZASKI ST.	D. STREET ADDRESS (If	rurol, give location)	7000
SEX 6. RACE		B. DATE OF BIRTH	9. AGE (In years If U	nder 1 Yr. If Under 24 Hrs. hs, Days, Hours, Min.
FEMALE NEGRO	widowed	8-7-09	7 57	ins Doys Hoors Petitio
				TIZEN OF HAT COUNTRY?
FATHER'S NAME			U	.S.A.
	WcLenden			
WAS DECEASED EVER IN U.S. AR	MED FORCES? 16. SOCIAL	17. INFORMANT		RESS
s, no or unknown, tir yes, give war or	dates of services SECORITY N		adlev 608 Pul	asku ot.
1B. 4221		CAUSE OF DEATH	J	INTERVAL BETWEEN
DISEASE OR CONDITION	N DIRECTLY			ONSET AND DEATH
(This does not mean the mode	ATH le of dving e.g., (A)	HETERIOSCLAROTIC	CARDIOVASCULAT	2
neon follure, osmenio, etc. It m	neons the diseose,	DISEASE		
ANTECEDENT CA	USES			
DISEASES OR CONDITIONS,	IF ANY, GIVING (B)	ТО	**************************************	
UNDERLYING CONDITION LA				
II	\\ \(\sigma_{1} \)			
	T RELATED TO THE			
		ION 20A, AUTOPSY? (Yes or		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B, PLACE OF INJU	JRY (e.g., in or obout 21C. WHERE DI	D (If in Boltimore City, give exoc	t location)
UTING CAUSE OF DEATH.	home, form, factory, etc.)	street, office bldg., INJURY OCCUR	7	
	(Yeor) (Hour) 21E. INJURY OC	CURRED 21F. HOW DID	INJURY OCCUR?	
21D TIME (Month) (Doy) OF INJURY (APPROX.)	(Yeor) (Hour) 21E. INJURY OC WHILE AT	NOT WHILE AT WORK	INJURY OCCUR?	
21D TIME (Month) (Doy) OF INJURY (APPROX.)	m. WHILE AT	NOT WHILE		aton
21 D TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that I held on	m. WHILE AT	NOT WHILE	n this basis, death in my opin	ilon
21 D TIME (Month) (Doy) OF INJURY (APPROX.) 22. Certify that I held on resulted from: Notura	WHILE AT WORK Inspection	NOT WHILE ON OND THAT OF	n this basis, death in my opin	
21 D TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that I held on	WHILE AT WORK Inspection	NOT WHILE AT WORK Autopsy ond that or Suicide Homicide	un this basis, death in my opin Undetermined monner	DATE SIGNED
21 D TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that I held on resulted from: Notural ACTUAL SIGNATURE EXAMINER'S	WHILE AT WORK Inspection	NOT WHILE AT WORK Autopsy ond that or Suicide Homicide CHIEF MEDICAL	un this basis, death in my opin Undetermined monner EXAMINER	
21 D TIME (Month) (Doy) OF INJURY (APPROX.) 22.	m. WHILE AT I Inspection I I couses Accident I	Autopsy ond that or Suicide Homicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL ASSOCIATE MEDICAL	un this basis, death in my opin Undetermined monner EXAMINER	DATE SIGNED 4-30-67
21 D TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that I held on resulted from: Notural ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Inquiry Inspection Couses Accident I	Autopsy ond that or Suicide Homicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL ASSOCIATE MEDICAL	n this basis, death in my opin Undetermined monner EXAMINER EXAMINER EXAMINER EXAMINER EXAMINER	DATE SIGNED 4-30-67
	PLACE IN BALTIMORE, MARYLANE SEX 6. RACE FEMILE A. USUAL OCCUPATION (Give kind one during most of working life, even if reliable one during most of working life, even if reliable of the sex of th	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD AUGUSTICAL OF ADDRESS OR LOCATION) SEX 6. RACE 7. MARRIED, NEVER MARRIED, NEVER MARRIED, NEVER MARRIED, DIVORCED(Spect WIDOWED, DIVORCED, DIVORCED, DIVORCED, DIVORCED, DIVORCE	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ALL NAME OF STITUTION ADDRESS OR LOCATION) SEX OR RACE T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WILDOWED ALUSUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or no during most of working life, even if relired) WAS DECEASED EVER IN U.S. ARMED FORCES? In, no or unknownh (If yes, give wor or doles of service) IB. OLEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head foliuse, osthemic, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING PLISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IT OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IT OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IT OTHER SIGNIFICANT CONDITION CAUSING IT. IT OTHER SIGNIFICANT CONDITION CAUSING IT. IT OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IT OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. IT OTHER SIGNIFICANT CONDITION CAUSING IT. IT OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. IT OTHER SIGNIFICANT CONDITION CONTRIBUTION WAS PERFORMED	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ILL NAME OF OF STREET ADDRESS OR LOCATION) SITUTION GOS N, PULPSK' ST, SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify) WILDOWED A. USUAL OCCUPATION (Ground of Month of Service) FATHER'S NAME James Mc Lenden WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL 17, INFORMANT DISEASE OR CONDITION DIRECTLY LEDING TO DEATH DISEASE OR CONDITION DIRECTLY LEDING TO DEATH DISEASE OR CONDITION S, IF ANY, GIVING POSE OR LOCATION (Ground of Service) DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. [8] OTHER SIGNIFICANT CAUSES IN THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. [9] OTHER SIGNIFICANT CAUSING IT. [19] DISEASE OR CONDITION CAUSING IT. [19] OTHER SIGNIFICANT CAUSING IT. [19] OTHER



B-260	67 4319 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.7 4319
	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print) CAMITET POOVED 5_1_67 1 3.25 AM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland
	INSTITUTION
/	1411 Presstman Street - Amb. Crew #4 Baltimore D. STREET ADDRESS ((f rural, give lacation))
	1411 Presstman Street
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months, Days, Haurs, Min.
	Male Colored Single 3-14-06 61
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Virginia U.S.A.
	Richard Booker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL 17. INFORMANT ADDRESS
	(Yes, na arunknawn) (If yes, give war or dotes of service) SECURITY NO.
	No Douglass Gould 2222 Mt. Royal Terrace CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) Arteriosclerotic cardiovascular disease DUE TO
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	VO ZIA. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. ZIB. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact location) home, farm, factory, street, affice bldg., INJURY OCCUR? etc.)
	21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT WORK AT WORK
	22. I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my apinlon
	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
	SIGNATURE ASSISTANT MEDICAL EXAMINER A
	EXAMINER'S 5=1-67
	NAME (Type) WERNER U. SPITZ, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (State)
	REMOVAL (Specify)
	Burial 5-1-67 It. Auburn Cem Balto. Md.
	MAY 3 1967 Color E. Fallen Kelson Funeral Home 1348 Calhoun St
	VS 151-REV. 1/1/65



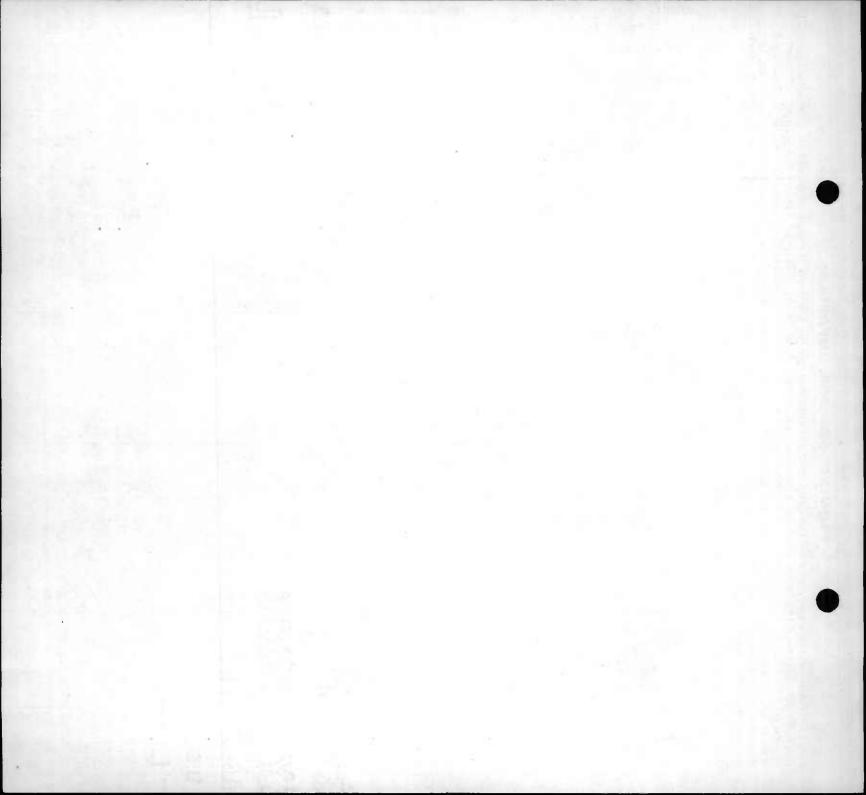
1. NAME OF DECEASED (Type or Print) ANNIE MANNS	2. DATE AND HOUR PRONOUNCED DEAD
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE MADVIAU)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-63
00 2656 FLORA ST.	D. STREET ADDRESS (If rurol, give locotion) 2656 FLORA ST.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) WIDOWED 10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if refired) 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) WIDOWED 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In yeors of lost birthdoy) 8-3-92 Y11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
John Walker	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	Margaret Manns 2656 Flora St.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CO	DISTAGE ON STAGE ON STAG
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, etc.]	in or obout 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WORK AT W	21F. HOW DID INJURY OCCUR?
22. I certify that I held an Inquiry Inspection Auresulted from: Notural causes Accident Suicide ACTUAL SIGNATURE EXAMINER'S NAME (Type)	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify) Burial 5-3-67 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	Cem. Baltimore, Maryland 22C. FUNERAL DIRECTOR ADDRESS
	Volume of the state of the stat

	BALTIMORE	CITY	HEALTH	DEPARTMENT
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Registered No.	67	4321
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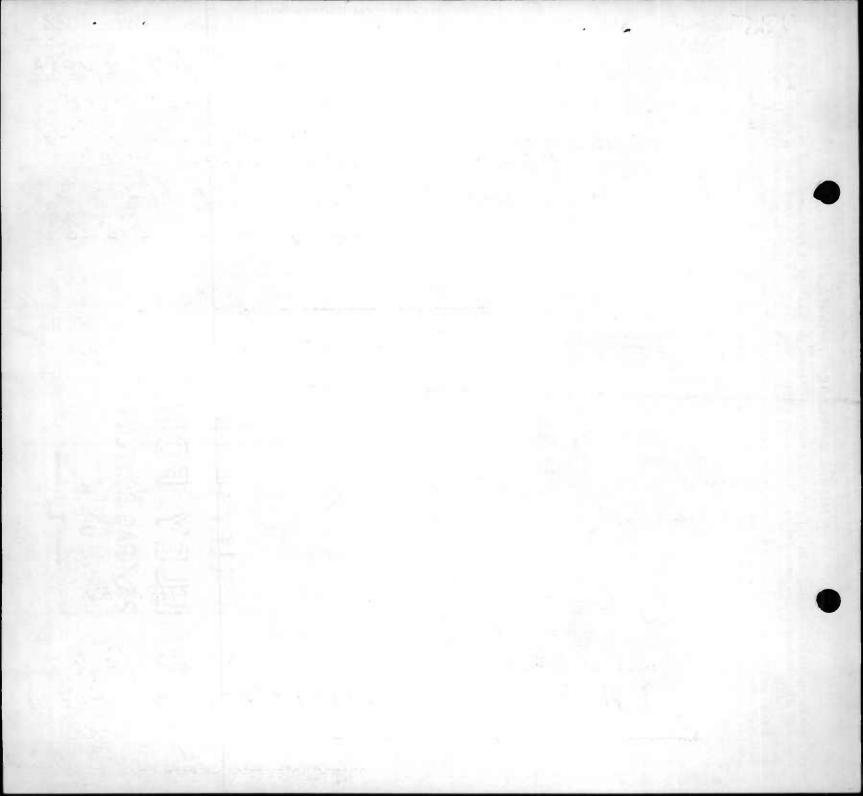
MRTH NO.	0/ 4321	CERTIFICA	TE OF DEATH	Registered No	67 4321						
Type or Print)	CEASED		2. DATE AN	ID HOUR OF DEATH							
Type of Fillin	James Her	ırv	4-28	-67							
FULL NAME OF (If not in hospitol or institution, give street address or locotion) NSTITUTION 1123 Poplar Grove St.			4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE B. COUNTY Md. C. CITY OR TOWN (If outside city limits, write RURAL and give towaship) Balto. D. STREET ADDRESS (If ourol, give location) 1123 Poplar Grove / St.								
						Male	Negroid 7. M	MARRIED, NEVER MARRIED MOOWED, DIVORCED (specify) MATTIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H. Months Doys Hours Min.
							CUPATION (Give kind of work 108, f working life, even if retired)	KIND ÖF BUSINESS ÖR INDUSTRY	S.C.	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA			14. MOTHER'S MAIDEN NA								
E 144 B	Jake Henry	11 (22 21 11		McClod	ADDRESS						
es, no oi unknow	d Ever in U. S. Armed Forces? (n) (If yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO. 247161642	17. INFORMANT	2000							
lee and			Pauline Bi								
18. 444	3 XI	CAUSE O	F DEATH	,	INTERVAL BETWEEN ONSET AND DEATH WE Year						
DISEA	ASE OR CONDITION DIRECTL LEADING TO DEATH	Y Llin	be when a land	land of the	6 . 114 .						
(This does	not mean the mode of dyin	(A) 17 91	myenence low	10 Vosaar	- are gene						
heart lailure	, asthenia, etc. II means the	disease,	I Dicense	_							
injury or co	mplication which coused deof	h.) Ale	47 DIXELL								
	ANTECEDENT CAUSES	(B)		Nema a #							
DISEASES	OR CONDITIONS, il ony,										
	he above couse (A) slati IG CONDITION last.	ng the (C)									
	44										
E TO THE D	II VIFICANT CONDITIONS CONTI DEATH BUT NOT RELATED R CONDITION CAUSING IT,	RIBUTING Ludeas	Insuffices	rist							
	F OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?						
OR CONTRIB	ENT WAS UNDERLYING DESCRIPTION OF SUTING CAUSE OF Sy medical examiner	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)						
21 D. TIME	(Month) (Doy) (Year) (Ho	Ur) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?							
(APPROX.)		While At Not Whi	le 🗌		, ,						
22 Leartif	y that (1) (this basnital) att	ended the deceased from/	16/11	1966 ta	4/21/10/5						
		ive on 4/2			nian death accurred an the d						
				at in (my) (our) apin	nian death accufred an the d						
	4/ 1	bave. (I) (We) (did) (did nat)	view the bady after death.								
23A. SIGNAT	URE///	// /			238, DATE SIGNED						
	10 llen 1/1, 1	aller M.D. Att. Phy	ending Med.	Stoff Phys.	5/1/67						
23C. PHYSICI NAME (3701 Lib	uty Hts a	ave, But I. md.						
24A. SURIAL CR REMOVAL	EMATION, 248, DATE	24C. NAME of CEMETERY of CR	EMATORY 24D. Le	OCATION (City	y, town, or county) (State)						
Burial		Mt. Auburn Cen	n	Balto. Me	d.						
		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS						
	MAY 3 1967 (7)	Rest E, Farley MA			1348 Calhoun S						
	70	Caro of days	TICTOUL TUIL	Tal Home	1740 Valilouil r						
/S 150-REV. 1/1.	/65		A 1 9 0	1							

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VS 150-REV. 1/1/65

	BALTIMORE CITY HE	ALTH DEPARTMENT					
	M.E. CASE NO. 67 4322 CERTIFICATE	OF DEATH Registered No. 101-4366					
	(Type or Print) CLAYTON, SUSIE	2. DATE AND HOUR OF DEATH 4/30/67 5/20 P.M.					
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4,	USUAL RESIDENCE (Where decreased lived, If institution: residence before odmission) STATE 8. COUNTY					
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C.	CITY OR TOWN (If outside city limits, write RURAL and give township)					
4	25/NAI HOSPITAL OF	SALTIMORE 15-09					
1	BALTIMORE	4111 FAIRVIEW AVE					
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED (Specify) 8. I	9. AGE (In years lost birthday) Months: Doys Hours Min.					
	IdA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. done during most of working life, even if retired)	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	13. FATHERS NAME	MOTHER'S MAJDEN NAME					
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17.	INPORMANT ADDRESS					
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 318801870	Santer (Varton) 4111 Fairuen) Cur					
	18./ 5 5 0 I CAUSE OF D	EATH INTERVAL BETWEEN ONSET AND DEATH					
9	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	=PATOMA >/VV					
(This daes not mean the made af dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)							
	ANTECEDENT CAUSES (8)						
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the (C)							
	UNDERLYING CONDITION Iosi.						
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or or norm, foctory, street, office etc.)	obout 21 C. WHERE DID bldg., INJURY OCCUR?					
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?					
	22. I certify that (I) (this hospital) attended the deceased fram 3/17/67 19						
that (I) (we) last saw the deceased alive an 4130.6 and that in (my) (aur) apinian death accurred an							
	and hour and from the causes stated above (1) Wer (did) (did not) view the body after death. 23A./SIGNATURE						
M.D. Attending Med. Stoff Phys. Director Phys 4/30/6							
	23C. PHYSICIAN'S NAME (Type) A SPOTT M.D. S	INAI HOSPITAL OF RALT					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATE	TORY (City, town, or county) (Stote)					
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
	MAY 3 1967 Robert E. Farleyma	Kelson surgent som 1348 Calhound					



BIRTH	67 4323		Y HEALTH DEPARTMENT ATE OF DEATH Registered No	67 4323
1. NAA	CASE NO. WE OF DECEASED OF Print) HENRIETTA		2. DATE AND HOUR OF DEATH 5-2-67	45
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (Where deceased lived, if in	stitution: residence before admission
FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION		A. STATE B. COUNTY MARY(AND - C. CITY OR TOWN III outside city limits, write RURAL and give township)		
4	2 SINAL HOSP of B	ALTIMORE	D. STREET ADDRESS (If rurol, give location)	11/3
, SEX	6. RACE 7. MAI	RRIED, NEVER MARRIED	8. DATE OF BIRTH 9, AGE (In years	If Under 1 Yr. , If Under 24 H
Ŧ		OWED, DIVORCED (specify)	10-23-95 lost birth 7	Months Doys Hours Min,
	uring most of working life, even if retired)	andry	BACTIMORE Md.	12. CITIZEN OF WHAT COUNTRY?
13. FA	THER'S NAME		14. MOTHERS MAIDEN NAME Savilla Scott	
5. Wo	os Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no	o or unknown) (If yes, give wor ar dotes of ser	215-54-0997	Sylvester Smith- 1919 Ke	ally Ave.
18	42011		OF DEATH	INTERVAL BETWEEN
h-ir	This does not mean the made of dying, earl failure, asthenia, etc. It means the disnipry at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, goes to the abave cause (A) stating INDERLYING CONDITION last.	(B) DUE TO giving The (C)	Hyperthyroidsmy ASCVD.	
ATI	O THE DEATH BUT NOT RELATED TO	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	FINDINGS CONSIDERED
RTIFIC.	WAS PERFORMED		IN CERTIFYING CAL	USES OF DEATH?
AL CE	A. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF EATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21 C. WHERE DID (If in Baltimore office bldg., INJURY OCCUR?	e City, give exact location)
30	D. TIME (Month) (Doy) (Year) (Hour) FINJURY APPROX.)	21E. INJURY OCCURRED While At Not Wh Work At Work		
th 01 23	2. I certify that (I) (this hospital) attention (I) (we last sow the deceased alive and hour and from the causes stated about A. SIGNATURE Jesle Obrama C. PHYSICIANS NAME (Type) LESCIE ABRAM	ve. (I) (We) (did (did not)	19 6 7 ta	5-2 19 67 nian death occurred on the company of t
	Burial (Specify) 5/6/67	Arbutus Memori	REMATORY 24D. LOCATION (Ci al Park Baltimore Co.	ty, town, or county) IState Maryland ADDRESS
V\$ 150	0-REV. 1/1/65	perty Entoplema	Herbert E Nutter - 2035 W.	North Ave.

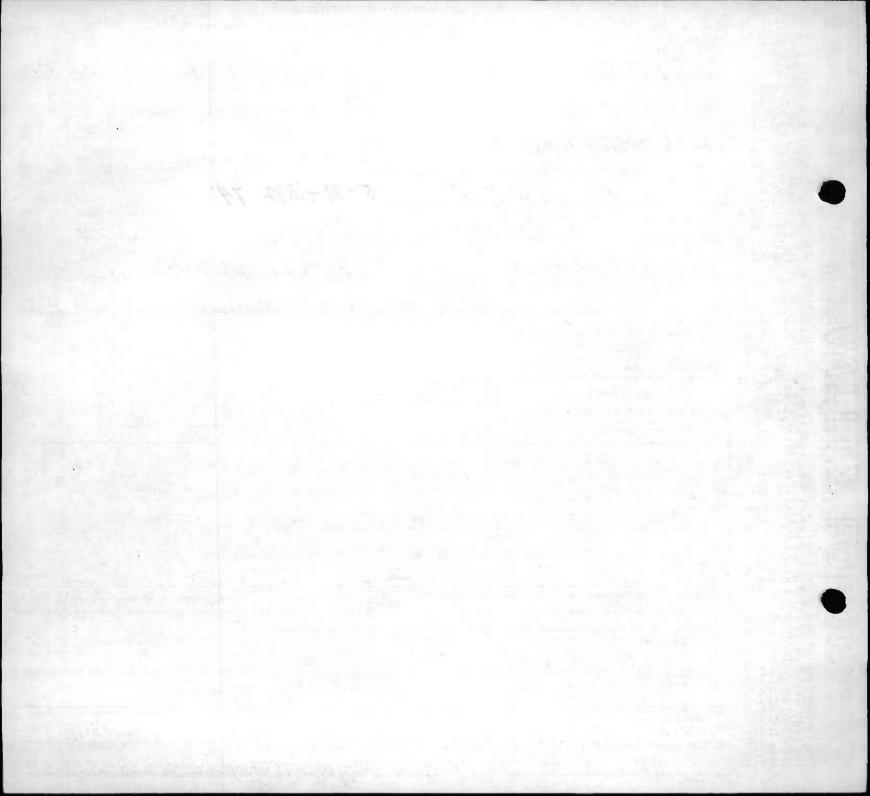
5-3-47 542 1927 BANTMORE SINAL HOSP of BALTIMAKE 1919 Kelley Ave July . BAJMORE . USA ASSEMB CVA ,θεροκτίσγικου ακή 5-2-67 STURE HOOR OF BRITINGSE cessie Abranjoults

7]2	BALTIMORE CITY HEALTH DEPARTMENT 67 4324					
9-5	BIRTH NO. 67 4324 CERTIFICATE	OF DEATH Registered No.				
the	M.E. CASE NO. 1, NAME OF DECEASED (2. DATE AND HOUR OF DEATH				
	(Type of Print) Leorge Kobert Johnson	N 3/2/6/ 1/ AM.				
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	SUAL RESIDENCE (Where deceased fived. If institution: residence before admission) TATE B. COUNTY				
deat	FULL NAME OF My not in hospital or institution, give street	My Balt				
	HOSPITAL OR Moders or locotion // Com. Word.	CITY OR TOWN (It outside city limits, write RU AL and give-town thip)				
60	D. 5	TREET ADDRESS (If rurol, give (Co)on)				
L .	44	2459 Brentwood are				
in regular eceased p on is made	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DA WIDOWED, DIVORCED (Specify)	9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. B	INTHPLACE (State or foreign country) 12. CITIZEN OF				
- D :-	done during most of working (i.e. even lifetired)	md. WHAT COUNTRY?				
was the sposii	13. FATHER'S NAME	NOTHERS MAIDEN NAME				
h h	Helson Johnson	Josephine Thomas.				
8 0 -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give full or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS				
deat ince o final	218-07-7810 M	rs Lucy Bond 2459 Brentwood Ave.				
nced de endance d or fina	IB. CAUSE OF DE	ATH INTERVAL BETWEEN ONSET AND DEATH				
ounced ittenda ned or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a Cran of blecking				
= 0 =						
pro lar lba						
gul	ANTECEDENT CAUSES (B)					
wh	DISEASES OR CONDITIONS, if any, giving rise Ia lhe abave cause (A) stoling the (C)					
E .=	LINDER VING CONDITION ISSUE					
· · - V7 ·	Z OTHER SOURCE CONTRIBUTIONS					
	TO THE DEATH BUT NOT RELATED TO THE					
e the phy physician ore the re		DA. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN GERTIFYING CAUSES OF DEATH?				
th nys		MO				
o ph efor	0 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or of North Contributing CAUSE OF Nome, form, foctory, street, office betc.)	ldg., NJURY OCCUR?				
4ZA	U	215 HOW DID INHUSY OCCUM				
16.0°	While At Not While	21F. HOW DID INJURY OCCUR?				
and btai	Work At Work	1 = 1-				
		1967.				
ospital death); must be		and that in (my) (aux) an nian death accurred an the date				
deat must	23A. SIGNATURE	23B, DATE SIGNITO				
무수금	Phys.					
was D.O.A. at a deceased prior written approva	23C. PHYSICIAN'S NAME (Type) A BOOKT POY DOY D	ADDRESS Men Los				
was D.O.A. at deceased prior written approv	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OI CEMETERY OF CREMATI	ORY 24D. LOCATION (City, town or county) (Stote)				
D.C ase	Brund 5/167 ARhilus Mens	PARK TRATIMORE CO Mid				
ece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2	SC. FÜNERAL DIRECTOR ADDRESS				
₹ o ₹	The discussion of the second	Terbert, E. Natter 3035 W. North AVE				
	VS 150-REV. 1/1/65	1000				

Dery Robert Johnson 5/2/67 11 Morion Mem Hoop. 2459 Brendwood M sugar Sunge Notes Johnson 5/21/08 87. 18 Josephine Thomas Soplia Cran is bleeding -19 3/5 0 lg. C. 1/4 Moren Man dosy Robert P. Dorle

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and **FUNERAL DIRECTOR: IMPORTANT**

BALTI	MORE CITY HEALTH DEPARTMENT
BIRTH NO. 67 4325 CER	TIFICATE OF DEATH Registered No. 67 4325
M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) ANTOINETTE MILLE	R 5/1/1967 3 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE Where deceosed lived. If institution: residence before odmission A. STATE B. COUNTY
FILL NAME OF A Control of the contro	MARVIAND
FULL NAME OF (If not in hospital or institution, give street hospital OR oddress or tocation)	C. CITY OR TOWN (If outside city limits, write RURAL of give township)
INSTITUTION	BALTIMORE
2278 EASTERN AVE	D. STREET ADDRESS (If rurol, give location)
60	2218 EASTERN AVE.
5. SEX 6. RACE 7. MARRIED, NEVER MAR	
WIDOWED, DIVORCED	(specify) 5-31-1892 lost birthdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OF	R INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	Post Andrew
GROCERY	TULAND USA
13. FATHER'S NAME	14. MOTHERS MAIDEN THAME
WALTER CHOUNDWSKI	FRANCES LEONARD
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY	17. INFORMANT ADDRESS
SECURITY (2)1	
18.	CAUSE OF DEATH
7000011	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(Julius clothe C) /n un-
	DUE TO
heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.)	
	8)
ANTECEDENT CAUSES	OUE TO
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the	C)
UNDERLYING CONDITION lost.	
	1://
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	and the Manustry 5000
A DISEASE OR CONDITION CAUSING II.	upigel Colonimorous 0 mos
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA	ATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CALLES OF	NJURY (e.g., in or obout 21 C. WHERE DID ry, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OC	CURRED 21F. HOW DID INJURY OCCUR?
₹ (APPROV)	Not While
Work 🗀	At Work G 7
22. I certify that (1) (this hospital) attended the deceased	from 19 10 5 - 6/19
that (1) (we) last saw the deceased alive an	ond that (n(my) (our) opinian death occurred on the dat
and haur and from the causes stated above. (1) (We) (did)	(did not) view the body ofter death.
23A/SIGNATURE	23B. DATE SIGNED
V head one I would be	M.O. Attending Med. Stoff Phys. Stoff
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	M.D. 479 (10 to 4)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMI	ETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specily)	(STOTE)
BUKIAL 5/6/1967 HOLY ROS	ARY CEMETERY GALTO, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 3 1967 (1) les 5 & Jack	JOHN M. WEBERTSONS INC. 401 S. CHESTER ST.
VS 150-REV, 1/1/65	



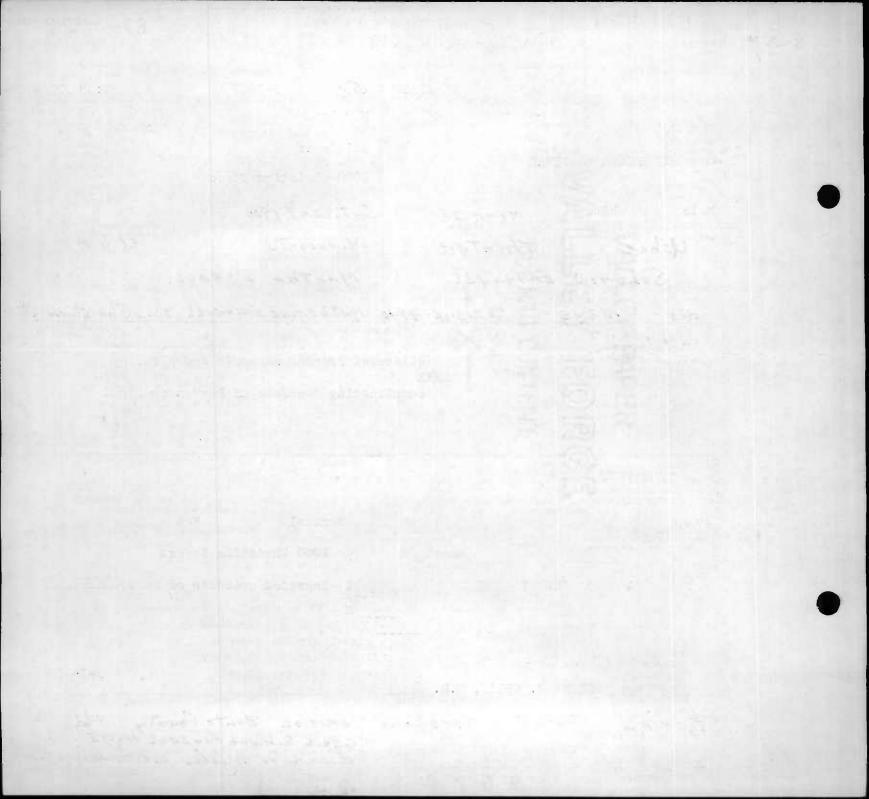
E 554 67 4326

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.

M.	E CASE NO.								
	NAME OF DE	CEASED				2. DATE A	ND HOUR PRONOUP	ICED DEAD	
		R	OBERT	EMANUE	IL SR	5-	1-67		12:30 PM M.
3.	PLACE IN BAI	TIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RI A. STATE Mary 1:	esidence (Whe	ere deceased lived. If i B. C	n stitution: resid	dence befare admission)
HC	LL NAME OF	(IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITU CATION)	TION, GIVE STREET	C. CITY OR	TOWN (If aut	side corparate limits, v	rite RURAL or	nd give township)
2	L-PONT	SECOUR HOSP	ፓጥለ ፣		Baltin			1	1-03
10	DOM	SECOUR HOSE	LIAL				rol, give location) In Street		
5.	SEX	6. RACE		NEVER MARRIED	B. DATE OF		9. AGE (In year last birthday)	rs If Under	1 Yr. If Under 24 Hrs.
	la le	White	1400	OVORCED (specify)	-	ER 7,19	900 66	Manths	Days Hours Min.
		UPATION (Give kind of v working life, even if retire		BUSINESS OR INDUSTR			eign country)	12. CITIZI WHA	EN OF
	Ush	ER	THEN	ater		NESOTQ		4	-J-H.
13.	FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	ME		
	5	oLOMON	EMAN	YEL	MA	atha	ISAACS		
		n) (If yes, give wor or o		16. SOCIAL SECURITY NO.	17. INFORMA	NT		ADDRESS	
	No	NONE		213-16-494	O KATI	BERINE	EMANUEL	2000€	Phristian St.
	1B.	20.8			OF DEATH				INTERVAL BETWEEN
	DISEA	ASE OR CONDITION	DIRECTLY					W 15	ONSET AND DEATH
		LEADING TO DEA	TH	(A) Bilat	eral bro	nchopne	umonia and	pleuris	y
	heart failur	nat mean the made e, asthenia, etc. It me	ans the disease,	XXXX				-	
	Injury or co	amplication which cous	ed death.)	comp1	icating	overdos	e of Darvon	compor	ind
		ANTECEDENT CAU			Ŭ				
		OR CONDITIONS, II		DUE TO			OH HE OF OR OR A RABER OF RABER OF REAL PAREN		1 M Out 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
_	UNDERLY	ING CONDITION LAS	ът.	(C)					
Ó		11		107					
CERTIFICATION	TO THE	SNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUS	RELATED TO T	IG HE					
RT			The second secon	VHICH OPERATION	20A. AUTO	PSY? (Yes or N	o) 20B, IF YES, WERE	FINDINGS C	ONSIDERED
ü	21		PERFORMED		1000		IN CERTIFYING CA	AUSES OF DE	
¥	21A. EXTERN.	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., farm, foctory, street,	in ar about 210	rtial C. WHERE DID	(If in Boltimare City,		acation)
EDIC		MOR CONTRIB- USE OF DEATH.	hame, etc.)					2	0-11-5
Z	21D TIME	(Month) (Day) (1	fear) (Haur) 2	HOME			istian Stre	et	
	OF INJURY		67 2 V				l overdose o	of Darvo	on compound
	22.	rtify that I held on	Inquiry		topsy X	and that on	this bosis, deoth i	n my opinior	n
		Ited from: Natural		ccident Suicid	1-1	nicide 🗌	Undetermined ma		
		1				MEDICAL			
	ACTUA	L Ille	es la S	1-10-			EXAMINER X		DATE SIGNED
	SIGNA'		2101.5	M.D			EXAMINER		5-1-67
	NAME		R U. SPIT	Z. M.D.	ASSOCIATI	L MEDICAL	EXAMINER _		5 1 07
	BURIAL CR	EMATION, 23B. DATE		. NAME of CEMETERY	CREMATORY	23D	LOCATION (C	City, town, or c	county) (State)
-	BURI		1-67	MORELAN			BALTO Co	unty	Md.
24.	A. DATE REC'	0	- A A Z	OF REGISTRAR	24C. FUI	NERAL DIRECT	WHO HUNE	RAL IA	PRE
		MAY 3 196	Volent	1 5' Markening	FL	ancis &	1. Mille	21017	rederick and
1/15	151 BEV 3/1	11.5 1					(



00 4000	BALTIMORE CITY	HEALTH DEPARTMENT		67 4327
BIRTH NO. 67 4327 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	01 4021
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	7
(Type or Print) MA 9 deLENA (LENA) 3. PLACE OF DEATH IN BALTIMORE MARYLAND	MADELINE	DONES AP	PRIL 30 A	1966 10:20Pm.
or react of beatti in partitions inalitation		4. USUAL RESIDENCE (When	TY	C C S
FULL NAME OF (If not in hospital or institution, and the hospital or institution or institution.	give street	C. CITY OR TOWN III OUT	side city limits, write RU	RAL and give township)
50		BALTIN	YORE	
5117 Liberty Heigh	ints Ave.	D. STREET ADDRESS (If	ourd, give location)	Lts AUE
5. SEX 6. RACE 7. MARRIED,	NEVER MARRIED	R. DATE OF BIRTH	9. AGE (in years	II Under 1 Yr. , If Under 24 Hrs.
WIDOWED	dowed	DEC. 10, 1884	last birthdoy)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewife No. 45	restic	MARYLAN	. d	4-5.4
13. FATHER'S NAME	03110	14. MOTHERS MAIDEN NAM	ME	
CharLES HASS	of the same of the	HANNIE	Gunther	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	EUN! NCT	ADDRESS
(Yes, no or unknown) (If yes, give war ar dates of service)	SECURITY NO.	w if wh		121 4 1/ 2/-1
NO NONE	213-54-346	7 HATAK D	swes 5117	LIBERTY HEIGHTS
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	/	ONSET AND DEATH
LEADING TO DEATH	L (A) CE	rebral Her	norrhalf	10 mm
(This does not meon the mode of dying heart failure, asthenia, etc. It means the diserringury or camplication which caused death.)	DUE TO	A= 11/2	1	7
ANTECEDENT CAUSES	WE TO WE TO	10001)	· · · · · · · · · · · · · · · · · · ·
DISEASES OR CONDITIONS, IL ONY, GIVING	DUE TO			
rise to the obove couse (A) storing UNDERLYING CONDITION lost.	3 (0)		30 a a 70 33 a 7a 7a 7a 7a a a a a a a a a a a a	whow who the see a 20 as 20 as 20 about 10 about 20 about
, II S	7 13			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				,
194. DATE OF OPERATION 198. CONDITION FOR	HICH PERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INTERPLE	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF hom etc.	e, form, factory, street, of	fice bldg., INJURY OCCUR?	al la porminare	City, give exact localion
21D. TIME (Month) (Day) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) Whi	le At Nor While		4	- /-
22. I certify that (I) (this heapital) attended th	ne declaosed fram	C-11	1954 ta	30 190/
that (I) (we) last saw the deceased alive an	NOT	1966 and the	at in (my) (of) apini	an death accurred an the date
and hour and from the couses stated above. (1) (We) (did nat) v	1		
23A. SIGNATURE				23 B. DATE SIGNED
/ lareous	Phy		Stoff Phys.	5-1-67
23C. PHYSICIAN'S NAME (Type)	APSCM.D.	23D. ADDRESS	Meus	Cler Baltonia
24A. BURIAL CREMATION, 24B. DATE 24C. NA	AME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (City.	town, or county) (State)
BURIAL 5-4-67 L		ARK B	ALTIMORE	Md.
MAY 3 1967	F REGISTRAR	25C. FUNERAL DIRECTOR	Ab NUNBAR	L HONGESS
VS 150-REV. 1/1/65	5 7 0 0	1 J J	7 cm 210	I recount in

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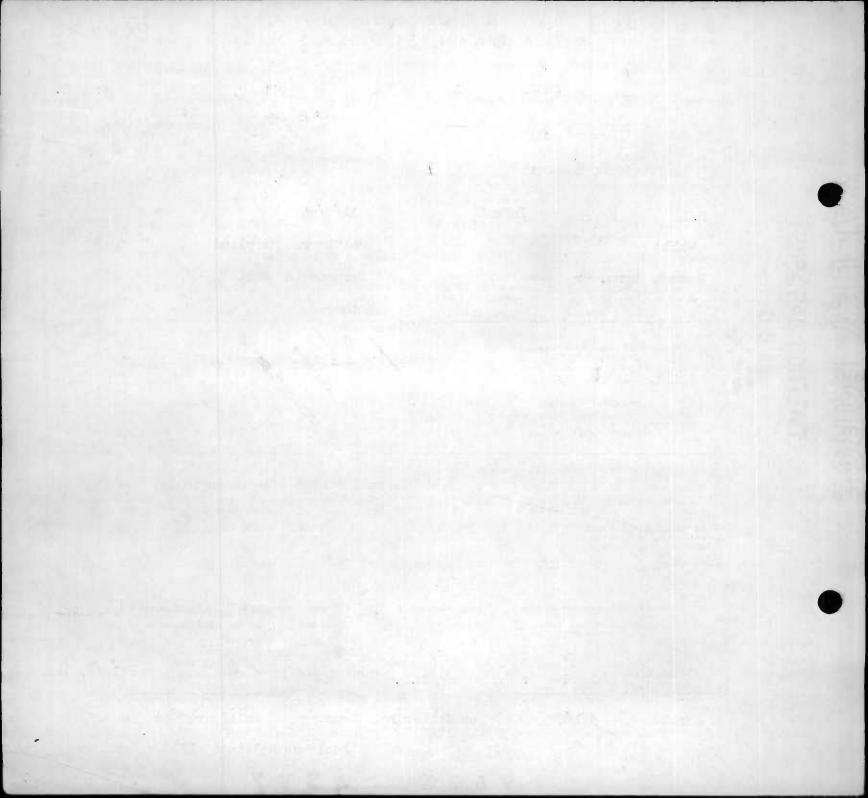
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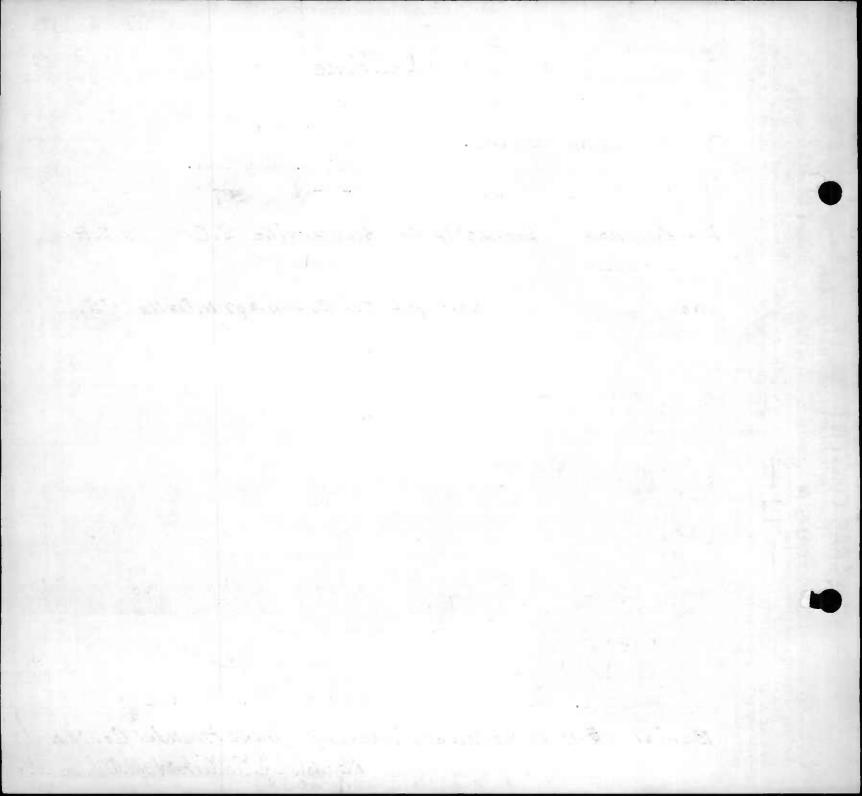
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TO F You MINER TO VILLE A STATE

BALTIMORE	CITY	MEALTH	DEDADTALE	NIT
DALIMURE	VIII I	DEALID	DEPARIME	N 1

		CERTIFICATE OF DEATH Registered No. 4329
M.E. CASE NO.		2, DATE AND HOUR PRONOUNCED DEAD
1. NAME OF DECEASED (Type or Print)	100000	
3. PLACE IN BALTIMORE, MARYLAND,	JOSEPH WIN	April 28, 1967 8:20 A. N
	WILL PROTOGRAD DEFE	A. STATE Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corparate limits, write RURAL and give township)
INSTITUTION	JOANON,	Baltimore /6-04
-7		D. STREET ADDRESS (If rurol, give location)
Provident Hos	pital	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	2022 W. Lanvale Street
J. SEA	WIDOWED, DIVORCED (specify)	lost birthday) Months Days Hours Min
Male Negro	Infant	11/5/64 2
IOA. USUAL OCCUPATION (Give kind of done during most of working life, even if retire		STRY 11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Child		Baltimore Maryland U S A
13. FATHER'S NAME	100	14. MOTHER'S MAIDEN NAME
Joseph Wynn, Sr		Bernadette Nutt
15. WAS DECEASED EVER IN U.S. ARA		17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or	dotes of service) SECURITY NO.	Mother
11B. / = 0 O V		
18. 3 0 0 X 1	CA	LUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION		
LEADING TO DEA	(A) ACU	te bronchitis and bronchiolitis
heort foilure, asthenio, etc. It me injury or complication which caus	ons the disease,	
may or compression which cass	ed dedinar	
ANTECEDENT CAL	(P)	44
DISEASES OR CONDITIONS, I	F ANY, GIVING DUE TO	
UNDERLYING CONDITION LA	ST.	
8	(0)	
OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING	
TO THE DEATH BUT NOT	RELATED TO THE Ciale	Le cell disease (S-C hemoglobin)
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	ONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS	PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS	OLD BLACE OF INITIBY	
O UNDERLYING OR CONTRIB-	home, form, foctory, stre	e.g., in or obout 21C. WHERE DID (If in Boltimare City, give exoct location) et, office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	etc.)	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)	WHILE AT N	OT WHILE
22.		T WORK U
I certify that I held on	Inquiry Inspection	Autapsy X ond that on this basis, death in my opinian
resulted from: Natural	couses X Accident Su	icide Homicide Undetermined monner
11		CHIEF MEDICAL EXAMINER
ACTUAL May	652	M.D. ASSISTANT MEDICAL EXAMINER X
SIGNATURE	posta	
EXAMINER'S Char1	es S. Springate, M.I	April 28, 1967
23A. BURIAL CREMATION, 238. DATE	23C. NAME of CEMETE	ERY or CREMATORY 23D. LOCATION (Gity, town, or county) (State)
REMOVAL (Specify)		
Burial 5/1/6		
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
MAY 3 196	1 Chest E. Tankey!	Adolphus Halstead 1206 W North Ave
VS 151-REV. 1/1/65		
	196/0	194337

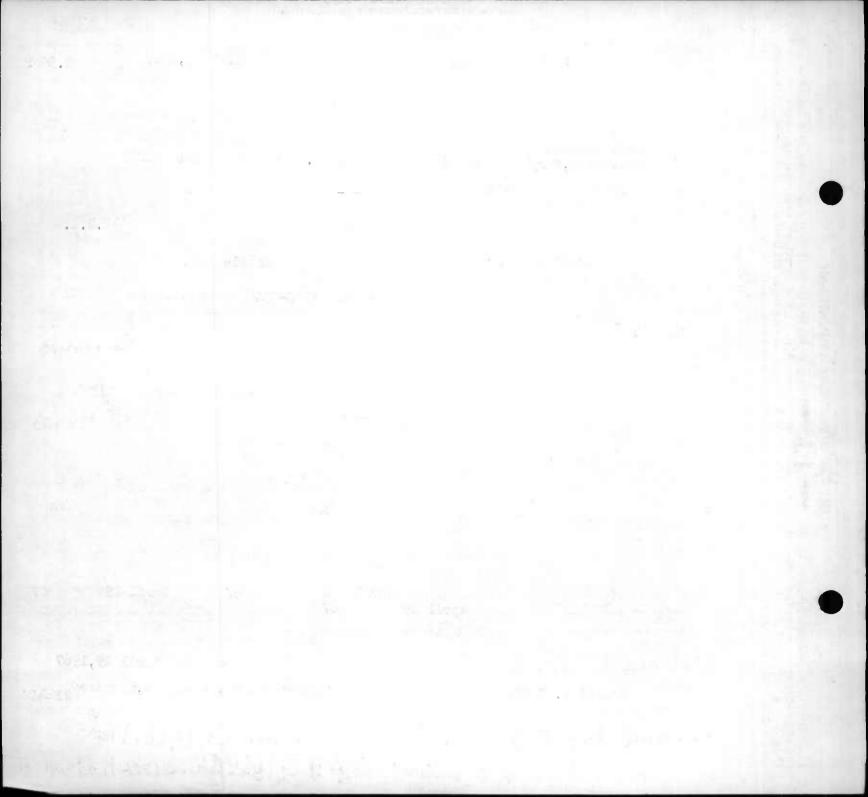




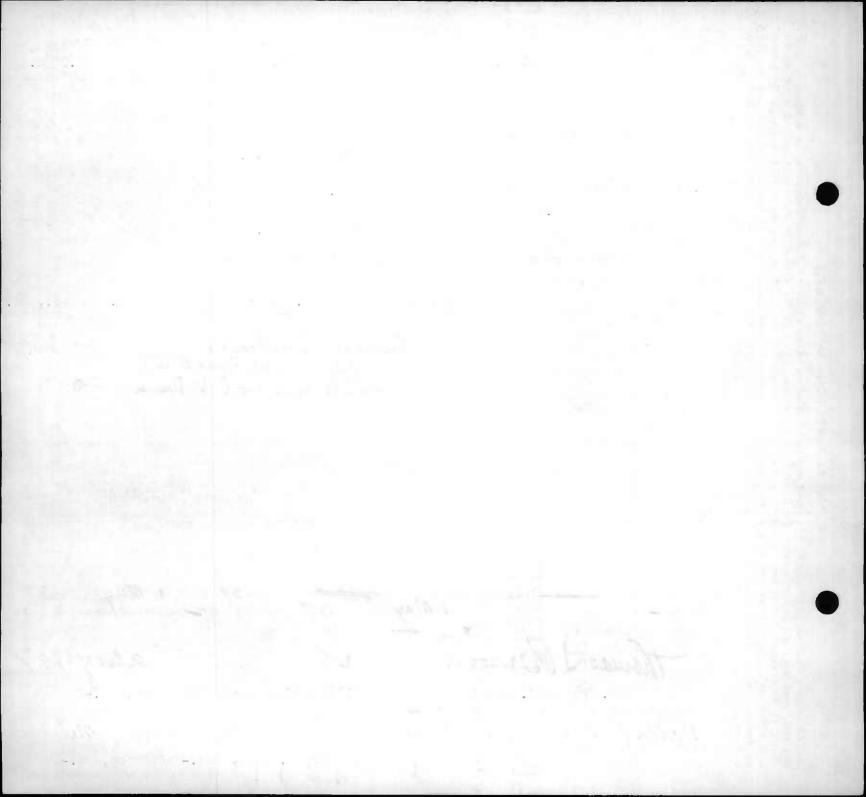
67 400	BALTIMORE CITY HEALTH DEPARTMENT	67 1224
BIRTH NO. 4331	CERTIFICATE OF DEATH	Registered No.
M.E. CASE NO.	2. DATE AI	ND HOUR OF DEATH
(Type or Prin GEORGE CHARL	ES Ptatt. SR. 5	12/67 2 A M.
3. PLACE OF BLATH IN BALTIMORE, MARYLAND	A. STATE B. COUN	re deceased lived. If institution; residence before admission)
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress ar lacotian)		Baltimore City
INSTITUTION SOCIESS OF IDESIGNA	C. CITY OF TOWN	Iside city limits, write RURAL and give tawnship)
44	D. STREET ADDRESS (III	rural, give location)
Union Memorial	Hospital 5416 1	Purlinaton Wall
5. SEX 6. RACE 7. MARRIED.	EVER MARRIED B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
M Coucasian WIDOWED.	DIVORCED (specify) 9/30/93	last birthday) Months Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF		eign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of warking life, every fretired) KOPP		USD
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME
Gagina Ital	DE EF PEDERAGO	th 5-6-1
15. Was Deceased Everyn U. S. Armed Forces?	6. SOCIAL 17. INFORMANT	ADDRESS (SAM)
(Yes, no or unknown) (If yes, give war or dates af service)	SECURITY NO.	colin OFOFF
18.	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	2	ONSET AND DEATH
LEADING TO DEATH	(A) BILATERAL CON-	FLUENT PNEWMONIA (ACUTE)
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	
injury or complication which caused death.)	STATUS POST R	RESECTION OF ABDOMINAL
ANTECEDENT CAUSES	DUE TO	ADETA
DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the	(C)	Ju. newman
UNDERLYING CONDITION last.	7 #10.0 \$6.0 0.0 \$000\$0.0 \$1.0 \$0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	
, II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION 20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FINDINGS CONSIDERED
4/24/67 WAS PERFORMED HOUTIC	ALOVESM YPS	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in or about 21C. WHERE DID, farm, foctory, street, office bldg., INJURY OCCUR?	(If in Baltimore City, give exact location)
DEATH (notify medical examiner)		
W OF INTERV	INJURY OCCURRED 21F. HOW DID IN	JURY OCCUR?
(APPROX.) While	Not While At Work	
22. I certify that ((this hospite) ottended the	deceosed from 4 124	196710 5/2 1967.
that (((we)) st saw the deceased alive an	5/2 1967 and t	hot in (my) ((aur) opinian death accurred an the dote
and hour ond from the couses stated above. (1)	(did) (did nat) view the bady ofter deoth.	
279) SIGNATURI MAIN		23 B. DATE SIGNED
Trans N Vrey De	M.D. Attending Med. Director	5 12 16 7
Z3C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	10.101
CHARLES H. CLA	ASSEN JR M.D. THE UNION	MEMORIAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NA. REMOVAL (Specify)	ME of CEMETERY of CREMATORY 24D.	LOCATION (City, town, or county) (State)
Priming Bli to a to	ltimore	Saltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		& Sons Co. 4905 Fork Rd.
MAY 3 1967 Robert	E. Schleghal 11. W. Solikins	Balto 12 Md.
VS 150-REV. 1/1/65	70000330	

hid between Giting Ectimore . Union Mamoral Hisportal 5416 Purlington Walnut 8E E4/08/15 M Corcosium Maryland 125 A Rofinsel George John REFF Elizabeth Schmidt DIEGRAM MYS CACALIA PAGET 4/dulle 7 Nortic Amerigan 485 ody in the country of the state of the state

	019 600		BALTIMORE CITY	HEALTH DEPAR	RTMENT		0.101	4000
BIRTH NO.	67 433	2	CERTIFICA	TE OF DE	ATH	Registered No.	-67	4332
M.E. CASE NO. 1. NAME OF DECEASI	ED				2. DATE A	ND HOUR OF DEATH	-/	
(Type or Print)	Will:	iam And	erson			April 29,1	967	2.50 P
3. PLACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESID	B. COU	ere deceased lived. If in	stitution: resider	nce before odmission)
FULL NAME OF	(If not in hospital	or institution	ava shoot	Maryla				
HOSPITAL OR	address or location		give sileer	C. CITY OR TOV		utside city limits, write	RURAL ond give	e township)
	ltimore Ci	ty Hosp	itals	Baltim	nore			603
21 49	40 Eastern	Avenue		D. STREET ADDI		f rurol, give locotian)		
	ltimore Ma			208 N.	Mont	ford Avenue	21213	_
	ACE	7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years tost birthdoy) 78	If Under 1 Y Months Doy	r. If Under 24 Hrs.
Male	Negro		0	5-5-1888				
OA. USUAL OCCUPATION of during most of working		10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or for	reign country)	12. CITIZEN	OF COUNTRY?
one going most of work	ing ine, even in termed,			Virgin	nia		(J.S.A.
3. FATHER'S NAME				14. MOTHER'S N	AIDEN N	AME		
	Willia	m Ander	son		S	allie		
5. Was Deceased Eve	in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT			ADI	DRESS
Yes, no or unknown) (If	yes, give war ar date	s of service)	SECURITY NO.	The second second second	BCH-49	40 Eastern A		21224
18. 606	XI		CAUSE O	FDEATH				RVAL BETWEEN ET AND DEATH
	R CONDITION DIR	RECTLY	,	- 0:			71	11
	DING TO DEATH	dvina on	(A)	EPS 15			26	Hours
heart failure, asth	enia, etc. It means	the disease,	000 10	PEFFOR	ATE	Uisaug		
1 - 1	otion which caused	death.)				RIC FETU	LA L	ps
	ECEDENT CAUSES		DUE TO					<i>j</i>
	CONDITIONS, if bave cause (A)		(c) CV	A			48	Hoyes
UNDERLYING C			waster in the waster and debut the			· · · · · · · · · · · · · · · · · · ·		
Z OTHER SIGNISIO	11							
O I OTHER SIGNIFICA	INT CONDITIONS C H BUT NOT RELA	ONTRIBUTING TED TO TH	G IE					
DISEASE OR CON	IDITION CAUSING I		WHICH OPERATION	120A ANTORS	(2 (Yes as b	10) 20B. IF YES, WERE	EINDINGS COL	NSIDERED.
19A. DATE OF OP	WAS PERI		WHICH OFERATION	100		IN CERTIFYING CA	USES OF DEAT	TH? Yes
U 121A. ACCIDENT V	VAS UNDERLYING	21 8	PLACE OF INJURY (e.g., in	Yes		(If in Boltimor	e City, give ex	
OR CONTRIBUTIN	G CAUSE OF	hon	ne, form, factory, street, of	fice bldg., INJURY	OCCUR?		/, 9	
2	anth) (Doy) (Yeor)			215 110		IIII O COURT		
S OF INJURY	unin (Doy) (Teon		INJURY OCCURRED Not While		או טוט אי	IJURY OCCUR?		
(APPROX)		Wo	ork			4		
22. I certify tha	t (M (this hospitol) ttended t	he deceased fram AT	ril 8		19 67 to	April 29	19 67
that (1) (we) los	t sow the deceose	d olive an	April 29	19 67	ond t	hat in (my) (our) opi	inian death o	curred on the dot
ond haur and fro	om the causes stat	ed obove. (1) (We) (did) (did nat) v		ter deoth			
23A SIGNATURE	. 0 .						23B. DATE SIG	GNED
Danie	a. D. Fr	74	M.D. Atte	nding M	ed.	Stoff Phys.	April 2	9,1967
23C. PHYSICIAN'S NAME (Type)		arc		2D ADDRESS				
NAME (Type)	Daniel D.	Foote	M.D.	4940 East	ern A	venue,Baltim	ore, Mary	land 21224
24A. BURIAL CREMAT			AME of CEMETERY of CRE				ity, town, or cor	
REMOVAL (Speci	7) 1	-/-	hoto 0			0 0	1 10	V
25A, DATE REC'D BY	mmys	167	in als	rery	lew	Le Child	Los Vn	ADDRESS
ZOM. DATE KEC'D BY	HEALTH DEPT	ZSB. NAME	OF REGISTRAR	255 FUNIERA	DIRECTO	1.10		ADDRESS
MAY	3 1987	A 0 50	E Jallana	when	4	Villiam	1701- Y	1 13 cma 4

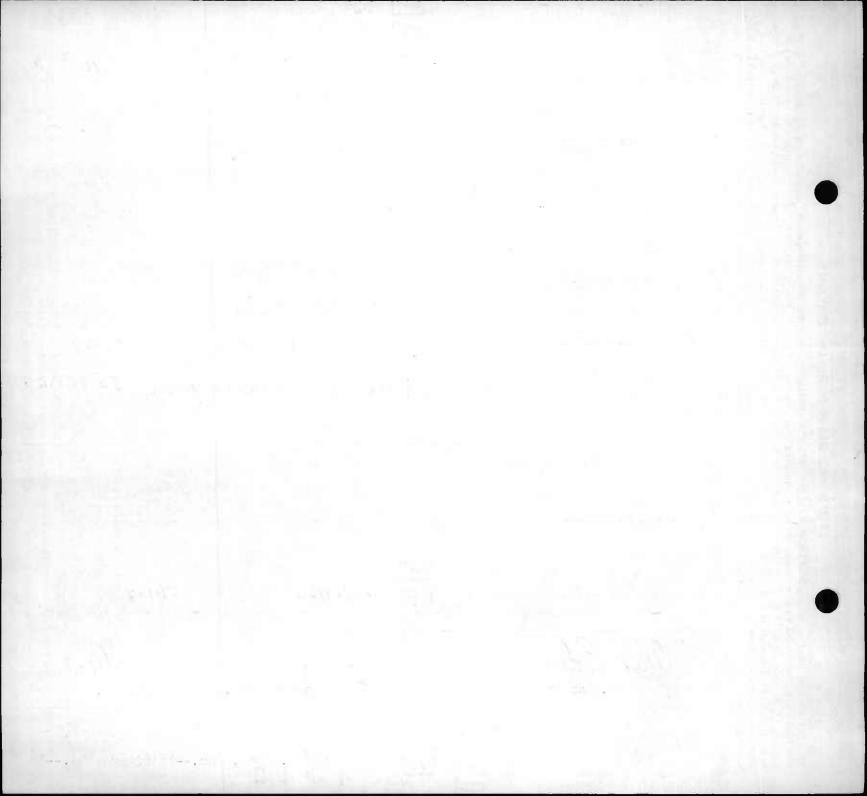


1. N	AME OF DEC		ann a t		777			ND HOUR OF DEA	TH .	
	e or Print)				BER			1, 1967		11.20
3. 1	LACE OF DEA	TH IN BALTIA	MORE, MAR	LAND		A. STATE	B. COUN	re deceased lived.	If institution:	residence before od
!	ULL NAME O	F (If not i	in hospitol a	institution,	give street	Marylan	d			
	HOSPITAL OR	oddress	s or location)					tside city limits, wr	ite RURAL ar	nd give township)
	Salara S	3617 Wh	nite Av	enue		Baltimo D. STREET AD		rurol, give location)		2/77
	00						hite Av			
5. 5	EX	6. RACE	7	. MARRIED.	NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years lost birthdoy)	If Und	er 1 Yr. If Under Doys Hours
	female	white			D, DIVORCED (specify)	Sept. 6	,/-		, , , , , , , , , , , , , , , , , , , ,	
	USUAL OCCU			OB, KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLAC	E (Stote or fore	ign country)	12. CI1	TIZEN OF
	housewi					Baltimo	re, Md.		US	SA
13.	FATHER'S NAM	ΛE				14. MOTHER'S				
		Jerom	ne Krei	n		Kath	erine E	Bowman		
15.	Was Deceosed	Ever in U. S.	Armod Force	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	T			ADDRESS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no	Till yes. give	wor or outes	01 36141667	NONE	Edward	J. Hube	r 3617 W	hite Av	re., Balto
_	1B. 4 9	0.71			1 '	OF DEATH				INTERVAL BETWE
		E OR COND		CTLY	^		H ,	1 -		ONSET AND DE
		LEADING TO			(1)	ronard 1	Wromb	oses		20un
			- ada of	duine on	DUE TO					
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	hearl failure, injury or com	asthenio, etc. optication whi	. II means I ch caused (he disease,	DUE TO	Arterio	ardia selvot	Sufurcil	mease	. 20 W
	hearl failure, injury or com	asthenio, elc. aplication whi ANTECEDENT	. II means I ch caused of T CAUSES	he disease, death.)	(B)	ronary T dissoc Asiterio	ardia selvot	Pufarell ac C-V.	Disease	. 20 y
	hearl failure, injury or com	asthenio, etc. aptication whi ANTECEDENT	. II means I ch caused of T CAUSES ONS, if a	he disease, death.)	DUETO			Crifarell Le C-V.	Disease	. 20 y
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TION	hearl failure, injury or com DISEASES Orise to the UNDERLYING OTHER SIGNITO THE D	asthenio, etc. pplication whi ANTECEDENT OR CONDITIO a above co G CONDITIO FICANT CON EATH BUT	. II means I ch caused of CAUSES ONS, if a ouse (A) : N lost. DITIONS CO	he disease, death.) ny, giving stating the ONTRIBUTING	(C)			L'Aufuréli Le C-V.	Drease	. 20 y.
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MEDICAL CERTIFICATI	DISEASES OF THE SIGNITO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR THE DEATH (notify That (I) (we) and haur and 23A, SIGNATU THE DISEASE OR THE DISEASE OF THE DISEASE OF THE DISEASE OR THE DISE	asthenio, elc. plication whith ANTECEDENT OR CONDITION ELECTRICANT CONTINUE EATH BUT CONDITION OPERATION TWAS UND UTING CAU medical exam (Manth) (Do that (I) (thirt last saw the fram the co	Il meons I ch caused of CAUSES ONS, if a puse (A) in lost. DITIONS CC NOT RELATIONS CAUSING IT. 198. CONDUMAS PERFO	ny, giving slaling the DNTRIBUTING FOR NORMED 218, homeometric than the state of t	GE WHICH OPERATION PLACE OF INJURY (e., form, factory, street, form, factory, street, file At With the deceased from th	20A. AUTOP office bldg INJUR 21F. H /hile	ow DID IN: and the offer death. Med. Director	O) 20 B. IF YES, WE IN CERTIFYING (If in Bolti DURY OCCUR? 19 5 7 to	apinian dec	s CONSIDERED DEATH? ve exact lacation) ath accurred an atter signed May 9 Md •—14
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MEDICAL CERTIFICATI	DISEASES OF THE SIGNITO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR THE DEATH (notify That (I) (we) and haur and 23A, SIGNATU THE DISEASE OR THE DISEASE OF THE DISEASE OF THE DISEASE OR THE DISE	asthenio, elc. polication whith ANTECEDENT OR CONDITION TO CONDITION OPERATION OPERATION That (I) (thirt last saw that different the condition of the conditi	Il meons I ch caused of CAUSES ONS, if a puse (A) in lost. DITIONS CONTROL RELATION OF RELATION OF THE CONTROL OF THE CAUSING IT. 198. COND WAS PERFORMAN OF THE CAUSING IT. 199. COND WAS PERFORMAN OF THE CAUSE OF THE CAUSING IT. 199. COND WAS PERFORMAN OF THE CAUSING IT. 199. COND	ny, giving slaling the DNTRIBUTING FOR YORMED 218. hom etc. (Hour) 21E. Wh wo attended the alive an	GE WHICH OPERATION PLACE OF INJURY (e., form, factory, street, lee, form, factory, lee,	20A. AUTOP office bldg INJUR /hile	OW DID IN: and the death. Med. Director	20B. IF YES, WE IN CERTIFYING (If in Balti OURY OCCUR? 19 5 9 ta	apinian december of timore, (City, town, nore)	S CONSIDERED DEATH? (ve exact lacation) Attaccurred an exact signed May 9 Md -14 or county)



S-	526	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 67 4334
	of death of death Deceased e on the ath. Such	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) KATHERINE T. SIMMS 2. DATE AND HOUR OF DEATH May 1, 1967
	SS	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission B. County FULL NAME OF (If not in haspital ar institution, give street) Maryland
	cau cau use; hend	HOSPITAL OR INSTITUTION Church Home & Hospital C, CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore 2/24 Church Home & Hospital D. STREET ADDRESS (If rural, give location)
	occurred in ontributing ermined ca regular at eased prior is made.	6823 Conley St. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthday) 1. Under 1 Yr. If Under 24 Hrs 1. White White
	or cor Judeter 1s in re deced	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) HOUSE WILE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
INT	stant if of direct ind; (4) (6) teath we e on the ial disposition	MARTIN Kelly KATHERINE BANNAWHAN 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or upknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
MPORTAN	d d d d d d d d d d d d	MR. LAWRENCE L. SIMMS (SAME) 18.4. 43 X I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
_	er. Also, i cture of an pronounce lar attend	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease,
DIRECTOR	examine examine (3) A frac n who p in regulc	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.
AL	medical medical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
FUNER	he chief I by a 1 (2) Body re the physici fore the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE CIDE. (If in Boltimore City, give exact location)
	hospitcature; pt wh (6) No	DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) OR CONTINUE CAUSE OF nome, form, feetay, street, office oldg., INJURY OCCURRED etc.) 21F. HOW DID INJURY OCCUR? While At Not While Mark At Work
	any any (ex (ex	22. I certify that (I) (this hospital) attended the deceased from 12/19/60 19 to 5/167 19 that (I) (we) lost sow the deceased alive on 5/16) 19 and that in (my) (ear) apinion death occurred an the date
	must be a eleased to ceident of a hospital to death) all must be	and hour and from the causes stated obove. (I) (We) (did) (did nat) view the bady ofter deoth. 23A. SIGNATURE M.D. Attending Med. Director Phys. Sloff Phys. Director Phys. Sloff
	was r An a A. at c prior	23C. PHYSICIAN'S NAME (Type) Dr. Max Baum M.D. 23D. ADDRESS 7422 Eastern Ave., Baltimore, Md.
	This certif the body shows: (1) was D.O./ deceased written a	24A. BURIAL CREMATION, REMOVAL (Specify) 55567. NEW CATHEORA CEM. 24D. LOCATION (City, town, or county) (Stote) BAT MORE, M. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc.—Baltimore, Md.—14

.19 th occurred an the date Eastern Ave., Baltimore, Md. M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24B, DATE 24D. LOCATION (City, town, or county) MORE, Md. 1967 1967 25C. FUNERAL DIRECTOR Ruck, Inc .-- Baltimore, Md .-- 14 VS 150-REV. 1/1/65



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a hospital

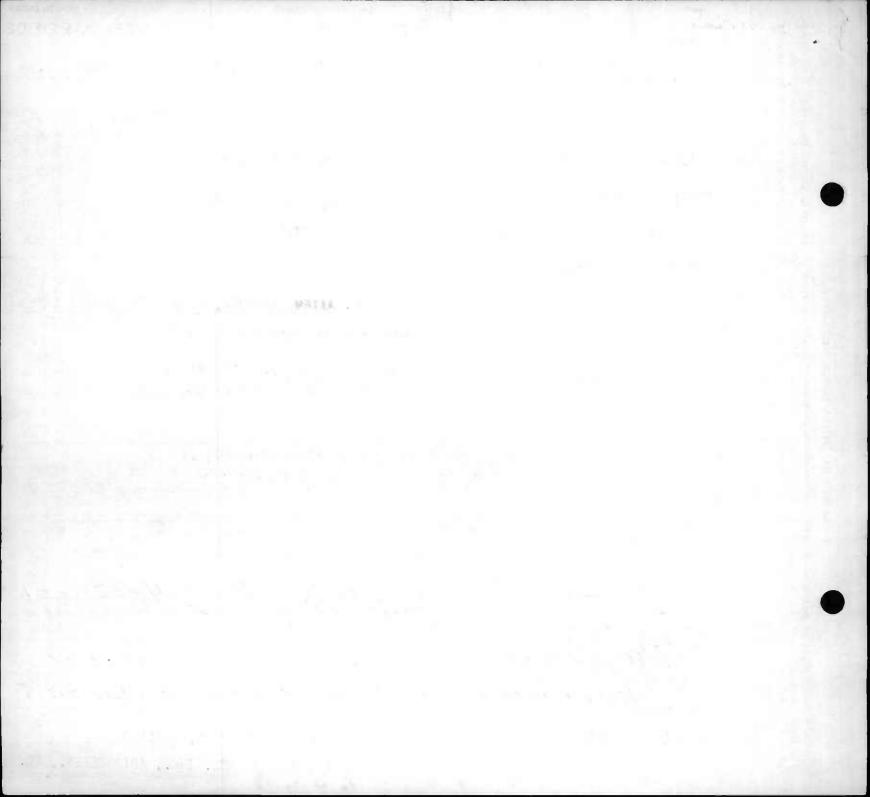
		BALTIMORE CITY	HEALTH DEPARTMENT	ON ANOT
BIRTH NO.	67 433	35 CERTIFICA	TE OF DEATH Regis	stered No. 67 4335
NAME OF DEC	EASED RYLAND	В.	2. DATE AND HOUR	OF DEATH
Type or Print)	Butlan J	. Greenstreet	1,/20/67	5.15 n
FORE NAME OF DEA	THIN BALTIMORE, MA	AMENDED	Maryland C. CITY OR TOWN (If outside city Baltimore	ed lived, If institution; residence before attmissio
9			D. STREET ADDRESS (If rurol, give	locotion)
	LTIMORE GENER		3606 5th Street	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (I	In years If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
Male	White	Widower	9/5/91	75
	working life, even if retired)	TIOB. KIND OF BUSINESS OR INDUSTRY	Virginia	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM			14. MOTHERS MAIDEN NAME	
Philip	Green Green	street	Martha	
5 Was Dassand	Ever in U. S. Armed For	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Family	Address Same
1B. 🔏 😅	2./1	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
heart failure, injury or com DISEASES (nol mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.	(B) DUE TO any, giving slating the (C)	erebro Unscular p Atrial Fubrillat	10H 1-2 mos
TO THE D	II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	ATED TO THE	cosclerate andice	wilne Ds 5 Km
19A. DATE OF	OPERATION 198. CON WAS PER		NO IN CER	YES, WERE FINDINGS CONSIDERED RITFYING CAUSES OF DEATH? If in Boltimore City, give exact location)
OR CONTRIBLE	JTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	Jaminute Stry, give experi localism
21D. TIME OF INJURY (APPROX)	(Year)	(Hour) 21E, INJURY OCCURRED While At Not While At Work At Work		CU R?
that (10) (we)	lost sow the deceased from the couses sto	ted obove. (I) (We) (did) (did not)	19 ond that in (30	to 1/29/67 19 (our) opinion death occurred on the death occurred occurred on the death occurred on the death occurred o
23C. PHYSICIA NAME (T	ype) Rif		23D. ADDRESS S.B.G.H. 1213 Lig	cht Street (City, town, or county) Stote

Glen Haven Cem Burial Glen Burnie 5/4/67 Md 25A. DATE REC'D BY HEALTH ADDRESS McCully F H, 237 Patapsco Ave 21225 VS 150-REV. 1/1/65

V\$ 150-REV. 1/1/65

-5	OP	4000		Y HEALTH DEPARTMENT	O t - t 1 No	67 4000
M.E. CASE	NO. 6/	4336	CERTIFICA	ATE OF DEATH		0. 1000
1. NAME OF					AND HOUR OF DEAT	
3. PLACE O	F DEATH IN BAL	HERESA S	AFRANEK	APRI	L 28, 1967	7:30
				A. STATE B. CO	UNTY	mamonom residence delote de
FULL NA		ot in hospitot or ess or location)	institution, give street	MARYLAND C. CITY OR TOWN (II)		6116.4
INSTITUT					outside city limits, write	RURAL ond give township)
10				BALTIMORE D. STREET ADDRESS	(If rurol, give tocotion)	600
BELUE	DERE NUR	STNG HOM	F	3005 GRANADA	AUFNIE	
5. SEX	6. RACE		. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months: Doys Hours
TEUL	E WILL	TTE	WIDQWED, DIVORCED (specify)		tost birthdoy)	Months Doys Hours
	OCCUPATION (G	ive kind of work 1	WTDOW OB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
	nost of working life.	even if retired)		21.2271		WHAT COUNTRY?
HOUST 13. FATHER	NAME		AT HOME	RUSSIA	I A M F	USA
?	eosed Ever in U.	KASTEN	s? 1 6. SOCIAL	17. INFORMANT	10WN	ADDRESS
(Yes, no or un	known) (It yes, giv	ve wor or dotes	of service) 6. SOCIAL SECURITY NO.	ALFRED		ADDKESS
NO			UNKNOWN	MR. MINES	FRANEK, 850	4 GLEN MICHAEL L
18.	20,1	1	CAUSE	OF DEATH	10 1	INTERVAL BETWE
′ □	ISEASE OR CO		CTLY 144	ceardial m	faction	21.021 15112 221
(This d	aes nal meon i	to DEATH	dying, e.g., DUE TO			•
heart fo	ilure, osthenio,	etc. It means t	he diseose,	ETELLO SELLIOI	Rec Condie)
Injury o	or complication v		(8)	vascular i	Sitecalo.	
		NT CAUSES	DUE TO		Area and the Area of the Area	
	ES OR COND the above					
	LYING CONDIT		**************************************			000000000000000000000000000000000000000
7		11	Querali	zed arterio	Seleroses	
≝ to ti	SIGNIFICANT CO	T NOT RELAT	NTRIBUTING COLLEGE TO THE	zed arterio	voligain	
	TE OF OPERATIO		ITION FOR WHICH OPERATION	20A. AUTOPSY! (Yes or	Nol 208, IF YES. WER	E FINDINGS CONSIDERED
19A. DA		WAS PERFO			IN CERTIFYING	AUSES OF DEATH?
U 21A. AC	CIDENT WAS U	NDERLYING [in or obout 21 C. WHERE DID		ore City, give exact location)
▼ DEATH	ITRIBUTING C.	cominer)	home, tarm, toctory, street, etc.)	office bldg., INJURY OCCUR?		
Ο 21 D. ΠΛ		(Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJU	JRY		While At Not Wh	ile 🖳		
			Work At Work		12	11->8-
			attended the deceased from	7.	19 (O) to	7-60-19
that (1)	twent last saw	the deceased	alive an	17 19 (O/ and	that in (my) (por) a	pinian death accurred an t
		causes state	d abave. (I) (We) (did) (did nat)	view the bady after deat	h.	
23A_SIG	NATURE	00,00	TA A		£. 11	23B. DATE SIGNED
	MECK	under	M.D. AI	ys. Med. Director	Statt Phys.	4-29-67
23C. P/4	ME (Type)	4		23D. ADDRESS)	- B
	VOS	EPH K	DEEKELBAUM M.D	3502 W.K	ogens A	16 BALTO 2-13
24A. BURIA	CREMATION,	AB. DATE	24C. NAME of CEMETERY of CI	REMATORY 24D	LOCATION	City, tawn, ar county) (
		1120117	TITTOTTU TOALTI	AUGUT OTADO	DALTTUARE	UI DI AUD
BURI.	REC'DARY HEALT	4/30/67 H. DENI	SB NAME OF REGISTRAR	ANSHE SFARD	BALTIMORE,	MARLAND ADDRESS
	MAY 3	1967 (1)	Deep E. Jankey M. M.	COL LEUTNICO		C. 6010 REIST.

SFARD BALTIMORE ADDRESS BROS. INC., 6010 REIST., 8

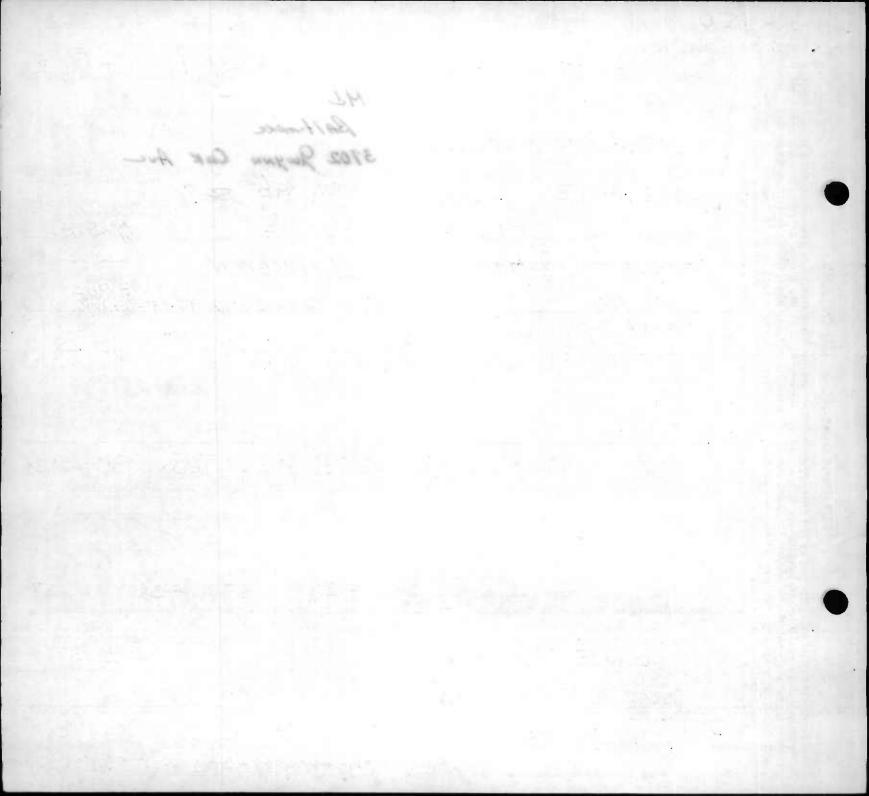


		FUNERAL DIRECTOR: IMPORTANT	L DIRE	CTOR:	IMPOR	TANT						
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ved by the hospital nature; (sept when do (6) No	opproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the light and (6) No physician was in regular attendance on the deceased prior to death. Such	ical ex rns; (3) sician	xaminer. A fractur who pror	Also, if the of any counced attendan	he dire kind; (4 death	f death ect or c t) Undet was in the dec	occurre ontribut ermined regular	ing cause; (cause;) (attendo	iospital se of d (5) Dece ince on death.	and eath ased the the	K-1
miston annual miner has absent	And Lonin	form Albo no.	and an impact	Lo dombal	is a pow	and Alice	a Cipio	opunu si			-	1

21	BALTIMORE CITY HEALTH DEPARTMENT						
BIR	TH NO. 67 4337	CERTIFICA	TE OF DEATH	Registered No.	67 4337		
1.1	LE CASE NO. NAME OF DECEASED (Pe or Print) (PO ON A OR O DMA)	N) KAPLAN	2. DATE AND	HOUR OF DEATH	805 P		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived. If institut	tion: residence before admission)		
	FULL NAME OF (If not in hospital or institution oddress or location) NSTITUTION	MARYLAND C. CITY OR TOWN (If autside city limits, write RURAL and give township)					
15	SINAL HOSPITAL OF	D. STREET ADDRESS (If rural, give location) 3402 ROYCE AVE					
	SEX 6. RACE 7. MARRI WIDO	8. DATE OF BIRTH 9. AGE (In years last birthday) 7 23 83 16 In years If Under 1 Yr. If Under 24 In Manths Days Hours Min					
dar	A. USUAL OCCUPATION (Give kind of work 10 B. KIND ne during most of working lite, even if retired)	11. BIRTHPLACE (Shote or foreig	n country) 🕶 12	CITIZEN OF WHAT COUNTRY?			
13.	HOUSEWIFE AT HOME		14. MOTHER'S MAIDEN NAM	USA			
16	7. FISHKIND		REBECCA		?		
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITORIO. 17. INFORMANT HOSPIT		Hospiti	ADDRESS		
	18.42011	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	YO CARDIAL IA	PARCHON				
TION	heart failure, asthenia, etc. It means the disectinity or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givenise to the obave cause (A) stating UNDERLYING CONDITION last.	ing	YO CARDIAL (A ENIOSCEROTIC UNGESTIVE H	EART FAILUR	FTYR.		
IFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	190 A				
RTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?		
CAL CERT	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, foctary, street, of etc.)	or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimate Cit	y, give exact location)		
MEDI	OF IN HIPY	21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	RY OCCUR?	/ 67		
	22. I certify that (I) (this hospital) attended the deceased from 3/3/4/5/19 to 4/27 19 , that (I) (we) lost sow the deceased olive on 4/27 and that in(my) (our) opinion death occurred on the date						
	23A. SIGNATURE	Pa	ndina Med	Stoff Phys. 23 B	4/27/67		
24/	23C. PHYSICIAM'S NAME (Type) SHELDON F	RANK M.D.	SINAI HOSP	MACOF	BACTIMORE		
	REMOVAL (Specify)	NAME of CEMETERY OF CRE	A STATE OF THE STA		own, ar county) (State)		
25/	BURIAL 4/30/67 A. DATE REC'D BY HEALTH DEPT. 25B. NAM	HEBREW YOUNG ME	25C. FUNERAL DIRECTOR	BALTIMORE, MA	RYLAND ADDRESS		
	MAY 3 1967 Olal	J.E. Farley M.D.		& BROS. INC	6010 REIST., RD		
VS	150-REV. 1/1/65	0 / 475	1010				

SIVAL HASPITAL OF BALT YOUT -3404 ROTCE AVE 7/23/32 44 and his KV5519 FISHKIN TUND CHUT. WHAT SERVE A CHARLES AND ARREST AND ARREST THE OF THE PARTY STRONG OF STRONG STRONG SHELDON FRANK SINA, HOSE THE OF BALTINGS

-	6	BALTIMORE CITY	HEALTH DEPARTMENT		00 4000		
	RTH NO. 67 4338 CERTIFICATE OF DEATH Registered No. 67 4338						
1.	LE CASE NO. NAME OF DECEASED LEAH KLE	EIN	2. DATE AND	128/67	14 15 PM		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where d	leceosed lived. If institu	tion: residence before admission)		
	FULL NAME DF (If not in hospital or institution, give street HOSPITAL DR oddress or location) INSTITUTION		C. CITY OF TOWN (It autside city limits, write RURAL and give township)				
		BAltimore 28-41					
4	46 LUTHERAN HOSPITAL		3702 gwynn OAK Auc				
5.	SEX 6. RACE WIDO	WED, DIVORCED (specify)	2/22/189 Bost	AGE (In years of birthday)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.		
	A. USUAL OCCUPATION (Give kind of work 10 B. KINI into during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT COUNTRY?		
12	Housewife at flome		IY45SIA		USIA.		
13	Pasach GAM	14. MOTHERS MAIDEN NAME					
15.	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL		17. INFORMANT	<u>v / y</u>	3 26 2		
	es, no ar unknown) (If yes, give war or dates of servi	SECURITY NO.	Mrs. RONDA	Mackler	2- Grunger-Obt		
	18.420, 171260X	CAUSE	F DEATH	1001-4	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	UTE MYOCAR	DIAL	HOURS			
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		NFARCTION		пооко		
	injury ar camplication which caused death.)						
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given	(B)			***************************************		
	rise to the above cause (A) stating UNDERLYING CONDITION last.						
	П	··.					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING DIAL	BETES MEI	LITUS	30 YEARS.		
				208. IF YES, WERE FINE	DINGS CONSIDERED		
CEPTIFIC	WAS PERFORMED		NO				
7 IA 7	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, lactory, street, etc.)	n or about 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)		
MEDI	21D. TIME (Month) (Doy) (Year) (Hour)	21F. HOW DID INJURY	Y OCCUR?				
1	(APPRDX)	While At Work At Work					
	22. I certify that (I) (this haspital) attended the deceased from 4/28 196/ ta 4/28 196/.						
	that (I) (we) last saw the deceased alive	/	,	in(my) (our) opinior	n deoth accurred an the dote		
	ond hour and from the couses stoted abov	e. (I) (we) (did) (did not)	view the body offer deoth.	23	B. DATE SIGNED,		
	Oscar E. Fern	audeur M.D. All	ending Med. Sto Sto	off ys.	4/28/67		
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	Las bot	2 0		
	OSCAR E. FERNA	ANDINI M.D.	Lucius	an Nospi	· · · · · · · · · · · · · · · · · · ·		
124	A. BURIAL CREMATION, 24B. DATE 24	C.NAME of CEMETERY OF CR	EMATORY 24D. LOC.	ATION (City, I	own, or county) (Stote)		
25	A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	-43 COUN	JADDRESS		
	MAY 3 1967 A 0 6	E. Failmen .	Solicherinson	+BHOS-INC	POISTELSTONAS		
VS	150-REV. 1/1/65		4 2 4 9		Rd.		



	E CASE NO.	CEKTIFIC	ATE OF DEATH Registered	A 711
	Pe or Print) Beula	h G. Stotler	2. DATE AND HOUR OF DE	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street			May 2, 1967 4. USUAL RESIDENCE (Where deceased lived. A. STATE 8. COUNTY	If institution: residence before admission)
			Maryland	
	HOSPITAL OR oddress or lo	cation)	C. CITY OR TOWN (If outside city limits, v	write RURAL and give township)
		nut Avenue	Baltimore D. STREET ADDRESS (If rurol, give locotion	3.0-01
	Baltimor	re, Maryland 21229	1200 Walnut Avenu	e
	Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8-6-1891 RY 11. BIRTHPLACE (State or foreign country)	tf Under 1 Yr. tf Under 24 Hrs. Months Doys Hours Min.
104	A. USUAL OCCUPATION (Give kind on the during most of working life, even if ret Housewife	I work 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3.	FATHERS NAME Howard E. Shoop		14. MOTHER'S MAIDEN NAME Amanda	
5. Y e	Was Deceased Ever in U. S. Arme s,no or unknown) (If yes, give war o	d Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	18.4/ 2011		Harold E. Stotler, 1200	Walnut Avenue 21229
	DISEASE OR CONDITION LEADING TO DE. (This does not meen the mod heart failure, asthenia, etc. It m injury or complication which co ANTECEDENT CAL	e of dying, e.g., eans the disease, used deoth.) USES (A) DUE TO	typortension	
	DISEASES OR CONDITIONS, rise to the obove couse UNDERLYING CONDITION los	(A) sloting the (C)		
	H			
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS			
TIFICATION	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 194. DATE OF OPERATION 198.		20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 194. DATE OF OPERATION 198.	NG IT. CONDITION FOR WHICH OPERATION PERFORMED 218. PLACE OF INJURY (e.g.		TERE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 19A-DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF	NG IT. CONDITION FOR WHICH OPERATION PERFORMED 21B. PLACE OF INJURY (e.g. form, factory, street, etc.)	affice bldg., 21C. WHERE DID (If in Bol NJURY OCCUR?	
CAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 19A.DATE OF OPERATION 19B. WAS 21A.ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (APPROX.)	NG IT. CONDITION FOR WHICH OPERATION PERFORMED 21B. PLACE OF INJURY (e.g. home, farm, factory, street, etc.) Year) (Hour) 21E. INJURY OCCURRED White At Not Work Pitol) ottended the deceosed from	a, in or obout 21C. WHERE DID (If in Bal affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	nag 2 1967
CAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 19A.DATE OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (APPROX.) 22. I certify that (I) (this has that (I) (we) lost sow the december of the contribution of the contrib	NG IT. CONDITION FOR WHICH OPERATION PERFORMED 21B. PLACE OF INJURY (e.g. home, farm, factory, street, etc.) Year) Year) (Hour) 21E. INJURY OCCURRED White At At War At W	in or obout 21C. WHERE DID (If in Ball office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 5 to Y 19 6 ond that in(my) (our) View the body ofter death.	nag 2 1967
CAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 19A.DATE OF OPERATION WAS UNDERLYII OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (10APPROX.) 22. I certify that (1) (this has that (1) (we) lost sow the decond hour and from the couses	NG IT. CONDITION FOR WHICH OPERATION is PERFORMED 21B. PLACE OF INJURY (e.g. home, farm, factory, street, etc.) Year) Year) (Hour) 21E. INJURY OCCURRED White At Not Work Work At War pitol) ottended the deceased from eased alive on Arms. Stoted above. (I) (We) (did) (did not processed)	in or obout 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? (hile of the detail of the det	rimore City, give exect location) ring 2 1967 opinion death occurred on the date
MEDICAL CERTIFIC	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) lost sow the decond hour and from the causes 23A. SIGNATURE	NG IT. CONDITION FOR WHICH OPERATION is PERFORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) Year) (Hour) 21E. INJURY OCCURRED White At Work At Work Pitol) ottended the deceosed from eosed olive on Arms 14 stoted obove. (I) (We) (did) (did not provided the deceosed from M.D. Arms 15 provided the deceosed from M.D. Arms 16 provided the deceosed from M.D. Arms 17 provided the deceosed from M.D. Arms 18 provided the deceo	in or obout 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Thile ond that in (my) (our) View the body ofter death. Attending Med. Staff Phys. Director Phys. Di	rimore City, give exoct locotion) riag 2 1967 opinion death occurred on the date 23B. DATE SIGNED (City, lown, or county) (State)

section of problems and the sections . NO DELLEY , SUE MARKET, IS IN

A ANNIED'S CENTIFICATE OF DEATH Projected 1877

BIRTH NO. 67- 3184	MEDICAL	EXAMINER'S C	CERTIFICATE (OF DEATH Register	red No. 4040		
M.E. CASE NO. 1. NAME OF DECEASED			2 DA	ATE AND HOUR PRONOUNCE	D DEAD		
(Type or Print)	RONALD E	J. RATTELL		5-2-67	647 AM M		
3. PLACE IN BALTIMORE,	MARYLAND, WHERE PRON		4. USUAL RESIDENCE	(Where deceased lived, If instit	tution: residence before odmission)		
			A, STATE	B, COU	NTY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
INSTITUTION			Baltimor		25-41		
ST. AGNE	S HOSPITAL - D	OA	D. STREET ADDRESS	(If rurol, give location)			
09			3612 Gre	envale Road			
5. SEX 6. RACI		ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last hirthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		
Male	White	D, DIVORCED(specify) Single	2-15-1967	XXXXXXXX	2 17		
	(Give kind of work 10B. KIND		RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF		
done during most of working li Child	e, even if retired)		Baltimor	e, Maryland	WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
Ronald E	. Rattell		Mary J.	Sindelar			
	IN U.S. ARMED FORCES?	16. SO CIAL	17. INFORMANT				
(Yes, no or unknown) (If yes,	give wor or dotes of service	e) SECURITY NO.	Mm DF Do	++-11 2612 Cma	onvolo Dd 21220		
	L. L.			Ltell, 3012 Gree	envale Rd., 21229		
5 23	XI	CAUS	SE OF DEATH		ONSET AND DEATH		
DISEASE OR	ONDITION DIRECTLY						
	NG TO DEATH	(A) In	terstitial pn	eumonitis - (SD)	II)		
heort foilure, ostheni	(This does not mean the mode of dying e.g., head foilure, ostherio, etc. It means the disease, injury or complication which coused death.) (A) Interstitial pneumonitis - (SDII) DUE TO						
	injuly of samplication within course decing.						
	ANTECEDENT CAUSES (B)						
	NDITIONS, IF ANY, GIVIN E CAUSE (A) STATING TH						
UNDERLYING CON	IDITION LAST.	(C)					
Ó		(V J					
S OTHER SIGNIFICAN	II T CONDITIONS CONTRIBU	ITING					
TO THE DEATH	BUT NOT RELATED TO	THE Purulent	otitis media,	right			
OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A. DATE OF OPERA	ITION CAUSING IT.	R WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE FIN	DINGS CONSIDERED		
5 2	WAS PERFORMED		Yes	IN CERTIFYING CAUS			
21 A. EXTERNAL CAUS	E WAS 21	B. PLACE OF INJURY (e.g.		Yes DID (If in Boltimore City, giv	ve exact location)		
UNDERLYING OR CO	NTRIB- ho	ome, form, foctory, street,	office bldg., INJURY OCC	UR?			
5							
OF INJURY	(Doy) (Year) (Hour)	21 E. INJURY OCCURRED		ID INJURY OCCUR?			
(APPROX.)	n		WHILE				
22.	t I held an Inquiry	Inspection A	utopsy X and that	an thin best a death in m	!-!		
				on this basis, deoth in m			
resulted tro	n: Natural couses X	Accident Suici			r L		
ACTUAL	1.00	5 21		AL EXAMINER	DATE SIGNED		
SIGNATURE_	werner	(A (M.	D. ASSISTANT MEDIC	AL EXAMINER X			
EXAMINER'S	MDIMD II COTO	1, 3	ASSOCIATE MEDIC	AL EXAMINER	5-2-67		
	VERNER U. SPITZ	,	CREALIZATION	702D 10047011 (0)	15		
REMOVAL (Specify)							
Burial		New Cathedra	l Cemetery	Baltimore, Ma	ryland		
24A. DATE REC'D BY HEA	TH DERLY 1248 NAM	AE OF REGISTRAD	24C, FUNERAL DI		ADDRESS		
1994年	1301 (Estim	D. C. Markening	Howard H.	Hubbard, 4107	Wilkens Ave. 2122		
23A. BURIAL CREMATION REMOVAL (Specify)	, 238 DATE 5-3-1967ear	23C. NAME of CEMETERY a New Cathedra	l Cemetery	Baltimore, Ma			

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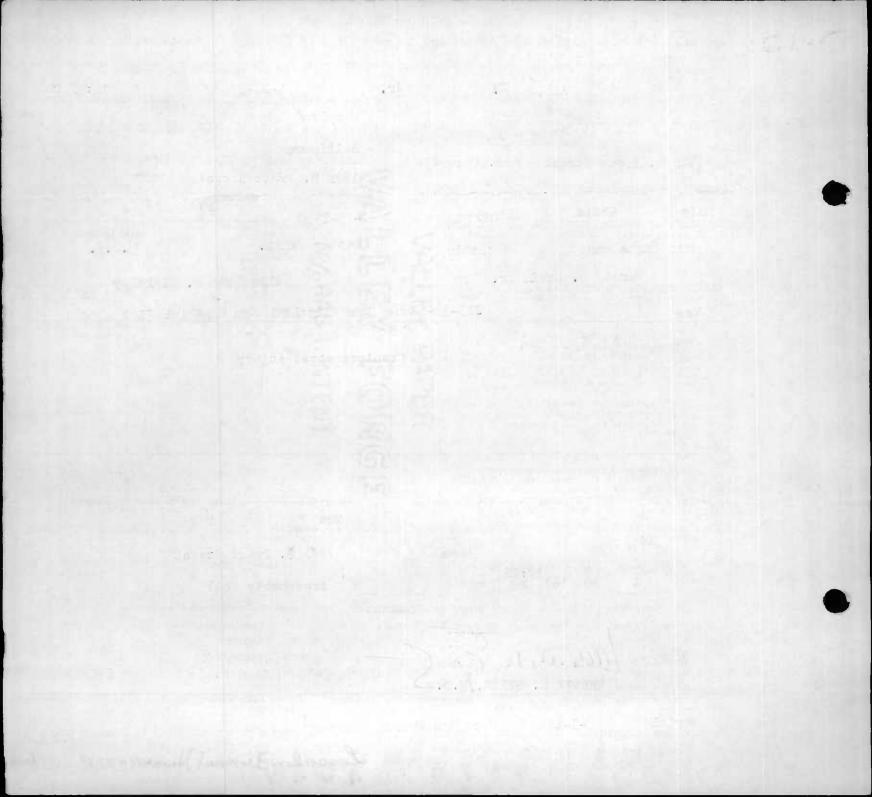
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BIR	тн 6.7	4341 MEDI	CAL EX	AMINER'S C	ERTIFICA	TE OF DEATH Register	red No. 67	4341	
	E. CASE NO.								
l. (Ťy	Pe or Print)	CEASED	-			2. DATE AND HOUR PRONOUNCE			
	N A GR (NI BAL	HARO		Davis Jr	~	4-30-67		2:45 PM _M .	
	LL NAME OF	TIMORE MARYLAND, W			A. STATE Maryla		NTY		
HO	SPITAL OR	ADDRESS OR LOCA	TION)	THOM, GIVE SIREET	C. CITY OR TO	WN (If autside corporate limits, write	RURAL and give	2-0/	
	1925 E	. Pratt Street	t - Amb.	Crew #10		RESS (If rurol, give location)			
1	20				1925 1	E. Pratt Street 2	1231		
5. 9	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRT	H 9. AGE (In years last bightary)	If Under 1 Yr. Months, Doys	If Under 24 Hrs.	
	Male	White	~ ~	OIVORCED (specify)		40	Widnins Doys	Hours Willia.	
10.4	USUAL OCC	CUPATION (Give kind of work	TOB. KIND OF	gle	11. SIRTHPLACE	(Stole or foreign country)	12. CITIZEN OF		
don	e during most of Auto F	working life, even if retired) arts Man		chanic	Chester	Penna.	U.S.A		
13.	FATHER'S NAM				14. MOTHER'S N	AIDEN NAME			
		Harold W. Da				Elizabeth M. E.	lakelev		
		ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	2123	
	Yes			213-38-6155	Mrs Eli	zabeth Cox 2845 Cul	Hill Po	29 3	
_	1B. 1	20110			OF DEATH	Labour ook Logy our		VAL BETWEEN	
	27	70419	2015				ONSE	T AND DEATH	
	DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	Cr	aniocereb	ral injury			
	heart foilure	(This does not meon the mode of dying e.g., head follure, osthenio, etc. II meons the disease. injury or complication which coused death.)							
		OR CONDITIONS, IF A		(B)					
	RISE TO TH	HE ABOVE CAUSE (A) ST		DUE TO					
Z	UNDERLYI	NG CONDITION LAST.		(C)					
Ö		ll ll			179		_		
ERTIFICATION	TO THE	ONIFICANT CONDITIONS	LATED TO T						
RTI		F OPERATION 119B. CON		WHICH OPERATION	20A ALITOPS	r? (Yes or No) 208, IF YES, WERE FIN	VDINGS CONSID	FRED	
O	2	WAS PER	FORMED		Yes	IN CERTIFYING CAUS	SES OF DEATH?		
CAL	UNDERLYING	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21C. Infice bldg., INJUR	WHERE DID (If in Boltimore City, give Y OCCUR?	ve exoct locotion)		
EDIC.	UTING CAT	OF DEATH.	etc.)	Home	19	25 E. Pratt Street	2	01	
Σ	21D TIME	(Month) (Doy) (Year	12:15	1E. INJURY OCCURRED		OW DID INJURY OCCUR?		-	
	(APPROX.) 4 30 67 PM m, WHILE AT NOT WHILE X Presumably fell								
		22.							
	100	resulted from: Notural causes Accident X Suicide Homicide Undetermined manner							
	1620								
	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER X						TE SIGNED		
	EXAMII NAME (NER'S	U. SPIT	5		MEDICAL EXAMINER	5-	1-67	
	A. BURIAL CRI	EMATION, 23B. DATE		C. NAME of CEMETERY	CREMATORY	23D. LOCATION (City,	town, or county)	(Stote)	
	Burial		067	Pagle Dam (1)					
24		BY HEALTH DEPT.		lock Run Churc		AL DIRECTOR	ADDRES	55 / 51	

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VS 151-REV. 1/1/65

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BIRTH NO.

M.E. CASE NO.

I. NAME OF DECEASED (Type or Print)

VS 150-REV. 1/1/65

Such

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH DONALD ANTHONY DUKE 4-29-67 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) C. CITY OR TOWN (If autside city limits, write RURAL and give township If Under 24 Hrs. Under 1 Yr. Maths D24 Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mr Donald L. Duke 1101 Meridene Drive INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) ond that in (my) (our) opinion death occurred on the date HOPKINS HOSPITAL Lakeview Mem, Cemetery | Bal AME OF REGISTRAN Baltimore ADDRESS 5/

Charling Acquirectorium mas com thyprophis is thoubour On toxic drugs for installer. (0)/05/10

Deceased LO death. ance cause attend canse; 9 8 prior contributing etermined made. regular deceased disposition = examin N D Was the ₹ 0 death final attendance any pronounced 0 med of fracture embal regular who are physician the remains medical Was dical physician before where hospital ŝ nature; obtained 9 (except and the any pe death) o hospital must accident 0

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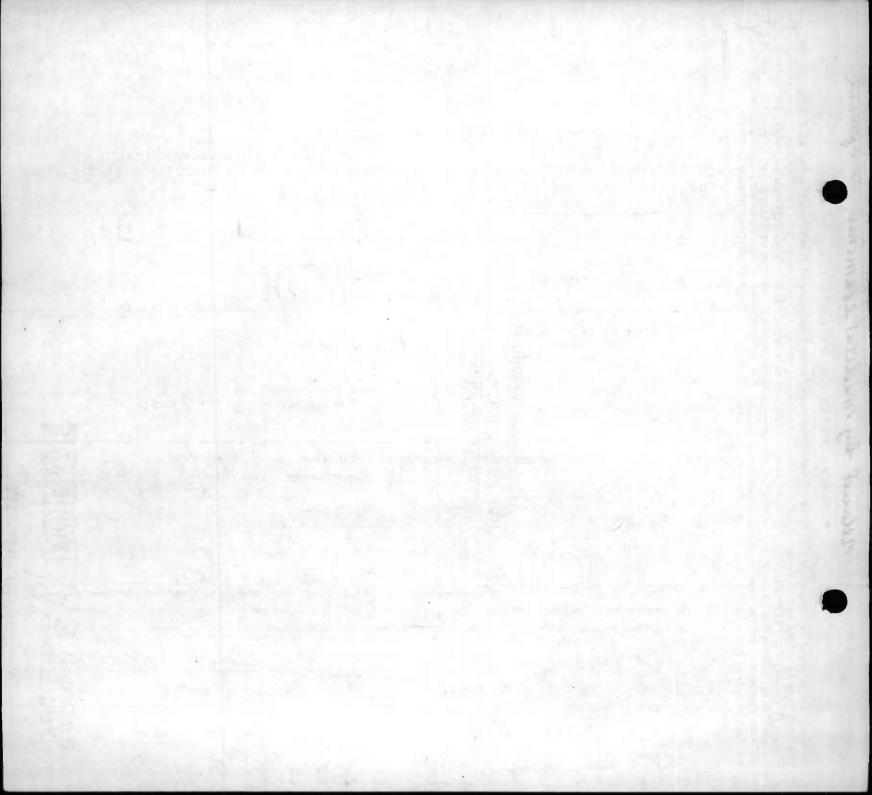
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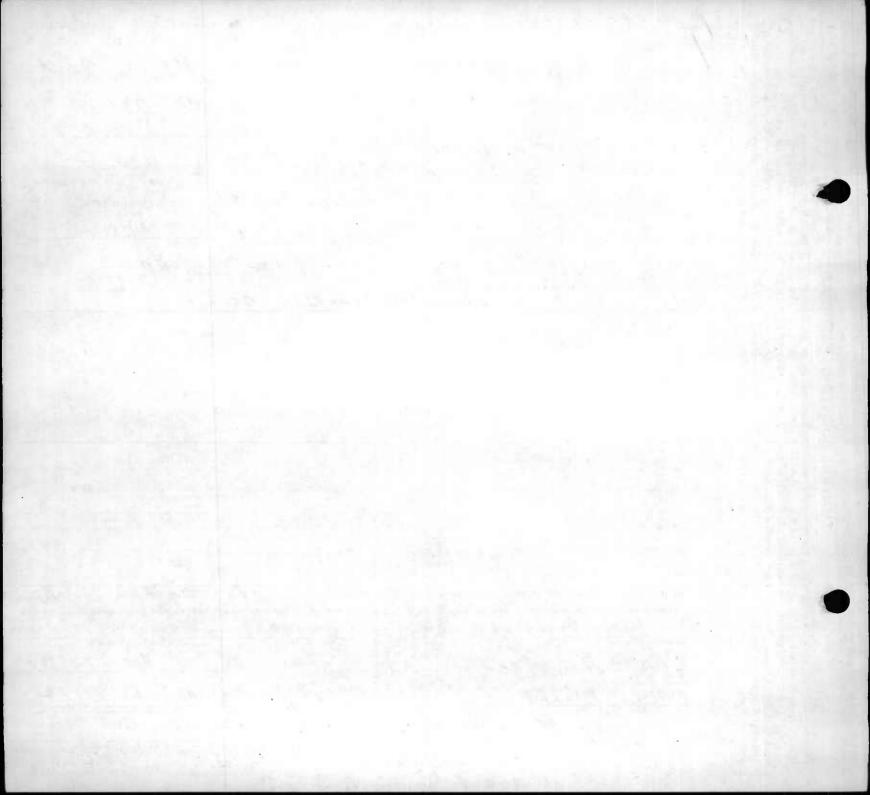
the

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2, DATE AND HOUR OF DEATH Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAN FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CLIY limits, write RURAL and give township) Uf outside city 6 EN. D. STREET ADDRESS (If rural, give location) 20 B. DATE OF BIRTH 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours WIDOWED, DIVORCED (specify) lost birthday 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of workingslife, even if retired) 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO 3-76-8016 UNK CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTION LEADING TO DEATH (This does not meon the mode of dymer of the control failure, asthenio, etc. It meons the control injury or complication which caused deather. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving , to the above couse (A) stotions the UNDERLYING CONDITION lost. 5 Pathologic OTHER SIGNIFICANT CONDITIONS CONTRELLING TO THE DEATH BUT NOT RELATED B DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19 A. DATE OF OPERATION 198. CONDITION OR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 6 es 21A. ACCIDENT WAS INDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modic) exomined 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., NJURY OCCUR? U (II in Boltimore City, give exact location) MEDICAL etc.) 702 -210. TIME (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an. 19 67 and that in(my) (a) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (drd not) view the body after death. 23A. SIGNATURE 23B, DATE/SIGNED Attending Phys. Stoff Med. Director approval 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specily) 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



		BALTIMORE CITY	HEALTH DEPARTMENT		OPY AGAI
	и но. 67 4344	CERTIFICA	TE OF DEATH	Registered No	67 4344
1. N	E CASE NO. AME OF DECEASED De or Print)	1/2 / 2 2		D HOUR OF DEATH	9 ° 9 A M
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	KENNARD	4. USUAL RESIDENCE (When	29. 1907 e deceosed lived. If inst	itution: residence before odmission)
			A. STATE B. COUN	TY	
1	FULL NAME OF (If not in hospital ar instituti HOSPITAL OR oddress or location) NSTITUTION	ion, give street	C. CITY OR TOWN (If aut	side city limits, write RL	JRAL and give township
6			BALTIMOR D. STREET ADDRESS (IF	PE	27-48
1	FRANKLIN SOUARE H	OSP17AL	Λ	rurol, give location) 1 BR10GE	ROAD. 12
5. 5	WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
102	WALE WHITE MA. USUAL OCCUPATION (Give kind of work) 10B. KINE	RRIED	5-1-05	61	12. CITIZEN OF
	e during most of working lile, even if retired)			gn country)	WHAT COUNTRY?
	CLERK CIT	Y of BALTIMORE	PENNSYL VA	NIA	AMERICA
			OF OTO	WE .	2 4
15	Wos Deceased Ever in U. S. Armed Farces?	DWAKD	TERTRUDA	= KENNAK	ADDRESS
(Ye	s, no or unknawn) (If yes, give wor or dotes of servi	SECURITY NO.			ADDRESS
L	18. ZL 3(1.1 = 1/1 = V	216-10-2950	FRANKLIN	SQUARE	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	CAUSE O	PEAIN		ONSET AND DEATH
	LEADING TO DEATH	(A) Veal	mene corde	vary art. E	Dis. cold.
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	ruas?			
	injury or complication which caused death.)	Olel			
	ANTECEDENT CAUSES	DUE TO	Ca g 40 abdominal		
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	the (C)	abelowenal	aneury	n ?
	UNDERLYING CONDITION last.			- U	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
CERTIFICA		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	OB. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
EDI	21 D. TIME (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Not While Work At Work			
	22. I certify that (I) (this hospital) attend	ed the deceased from	- 25	1967 to 4-	24 1967
	that (1) (we) lost saw the deceased olive	on 4-29	19 6 7 and the	at in (my) (aur) opini	ian death occurred an the date
	and hour and fram the causes stated abov				
	23A. SIGNATURE		adian — Mand —		23B. DATE SIGNED
	Chall He se	Phy		Stoff Phy s.	Apr. 27, 1967
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	COULD	- Hachtal
24	A BURIAL CREMATION, 124B, DATE 124	M.D.	MATORY 24D. L	3 WUARE	- MU>PIIAL
1	REMOVAL (Specify)	Lattown in	mond Park 24b. L	Cation (City	, town, or caunty) (State)
25	L. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	- Cue	ADDRESS
1	MAY 3 1967 P.O.	15 E. Farleyna	40 Harris J.	relly sons.	Essit
VS	150-REV. 1/1/65	6/11/1	0 3/ 17 17 0		new Castle, Va.

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or contributing cause

(4) Undetermined

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on the

attendance

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) CamillE Marcel Siquot death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND (If not in hospital ar institution, give street oddress ar lacotion) FULL NAME OF HOSPITAL OR INSTITUTION Md. C. CITY OR TOWN (If outside city limits, write Baltimore prior 4813 GwynNOak Ave., Baltimore, Md. 4813 Gwynn Oak Ave. in regular is mad 7. MARRIED, NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years eceased WIDOWED, DIVORCED (specify) lost birthday) Male White widowed Aug. 19, 1874 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Retired Taylor & Fisher Paris, France the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death O U 1 S. Wos Deceosed Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL SECURITY NO. attendance No None CAUSE OF DEATH 9 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the made of dying, e.g., 5 heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stoling the the physician UNDERLYING CONDITION fost. the remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical exominer) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX.) and At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased olive on... hospital death) and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady ofter death. must 23A. SIGNATURE Attending Phys. M.D. Med. prior to approval 23 C. PHYSI CIÁN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased april 29,1967 Druid Ridge Cemetery

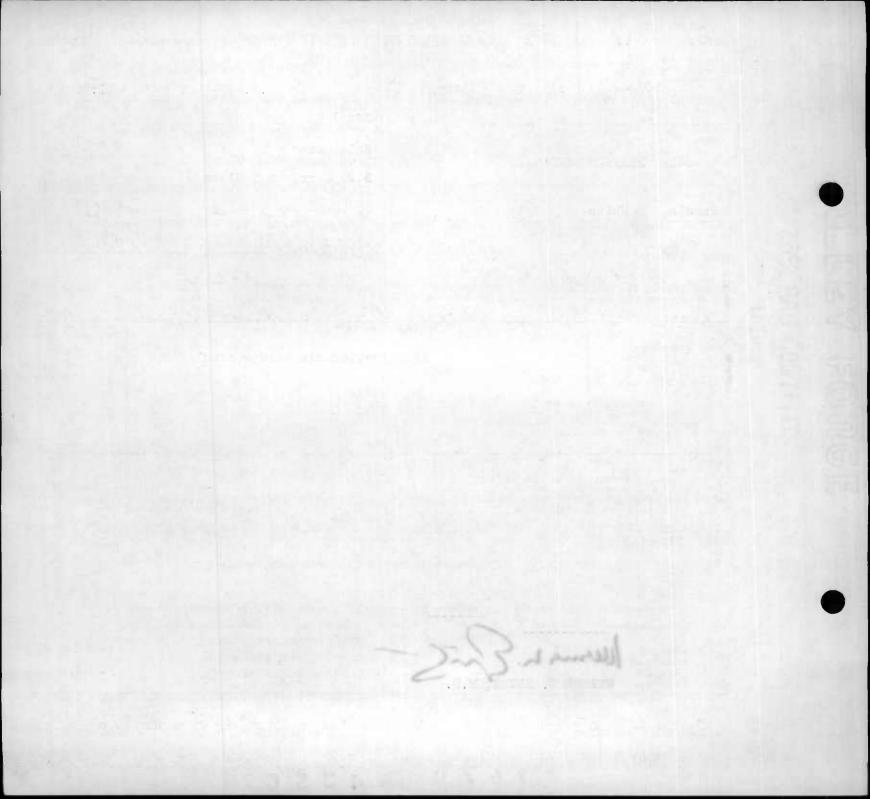
April 26, 1967 4:30pm

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A, STATE
B. COUNTY If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. unknown ADDRESS Paltimore 218-22-9361A Miss Edythe Siquot, 4813 Gwyn Oak Ave. ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our apinion death accurred an the date 23 B. DATE SIGNED Pikesville 8 Maryland 2SC. FUNERAL DIRECTOR VS 150-REV, 1/1/6S

D	ALTH	AODE	CITY	HEALTH	DEDAI	DTAMENIT

	67	4347
d.	No.	

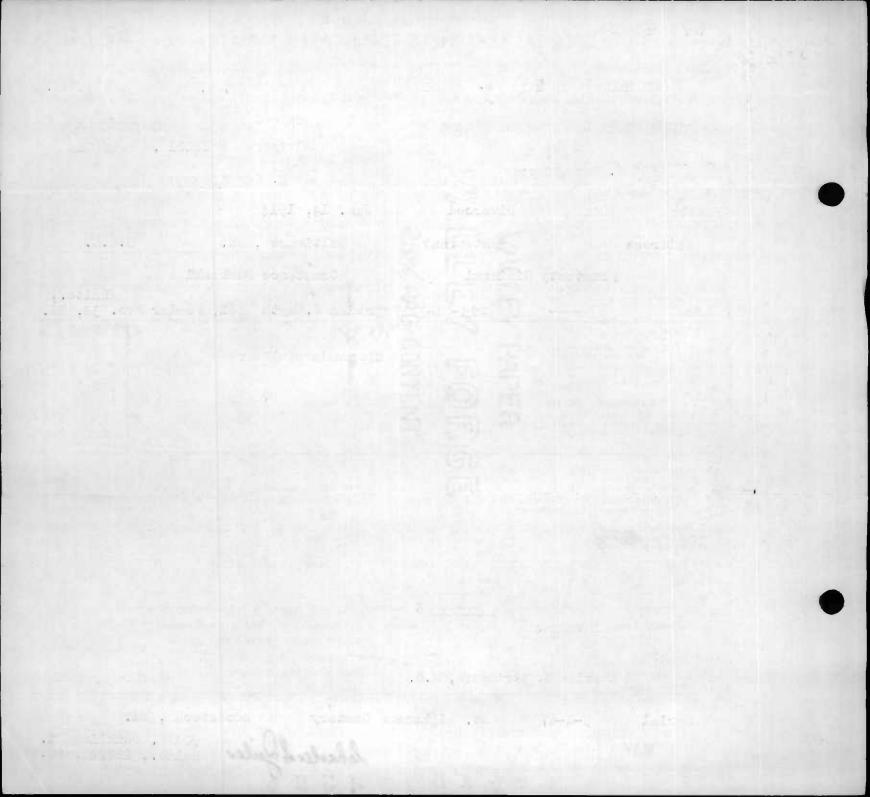
A-4/11	BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE (OF DEATH Registered No. 4347
116	M.E. CASE NO.	TO AND HOUSE RECOVERINGED DIVAD
	(Type or Print)	TE AND HOUR PRONOUNCED DEAD
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE	(Where deceased lived, If institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	B. COUNTY
	HOSPITAL OR ADDRESS OR LOCATIONI	f outside corporate limits, write RURAL and give township)
	3420 GARRISON BOULEVARD Baltimore D. STREET ADDRESS	(If well give leaster)
		son Boulevard
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED(specify)	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Norths, Doys, Hours, Min.
	Female White Widowed 12-10-18	
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of done during most of working life, even if retired)	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Clerk U.S.F.Y. BALTIMO 13. FATHER'S NAME 14. MOTHER'S MAIDEN	Re USA
	And the Man	Karalia
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	ADDRESS AL
	(Yes, no or unknown) (If yes, give wor ar dotes af service) SECURITY NO.	t- Box - 11 Ocean City
	118. CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying e.g., (A) Arteriosclerotic of DUE TO	cardiovascular disease
	(This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST.	
	II II	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes	or No) 20B, IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED NO	IN CERTIFYING CAUSES OF DEATH?
	Z 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE hame, form, factory, street, office bldg., INJURY OCC	DID (If in Boltimore City, give exact location)
	UTING CAUSE OF DEATH.	
	OF INJURY	ID INJURY OCCUR?
	(APPROX.I WHILE AT NOT WHILE AT WORK AT WORK	
	I certify that I held an Inquiry Inspection X Autopsy ond that	an this basis, death In my opinian
	resulted from: Natural causes X Accident Suicide Hamicide	
	1.4	AL EXAMINER DATE SIGNED
	SIGNATURE MEDIC ASSISTANT MEDIC ASSOCIATE MEDIC	
	NAME (Type) WERNER U. SPITZ, M.D.	AL EXAMINEN
	23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY OF CREMATORY	23D. LOCATION (City, town, or county) (State)
	Burial 5-4-67 New Cathedral Cem -	BALTINDRE, Md
	24A. DATE REC'D BY HEALTH DEPT. 24E, NAME OF REGISTRAR 24C. FUNERAL DI	RECTOR
	MAY 3 1967 A. O. & E. Falence Elkwood	4 HRMACOST-4600LIBERTY HOLD
	VS 151-REV. 1/1/65 9 6 / 0 0 0 4 3 5	5

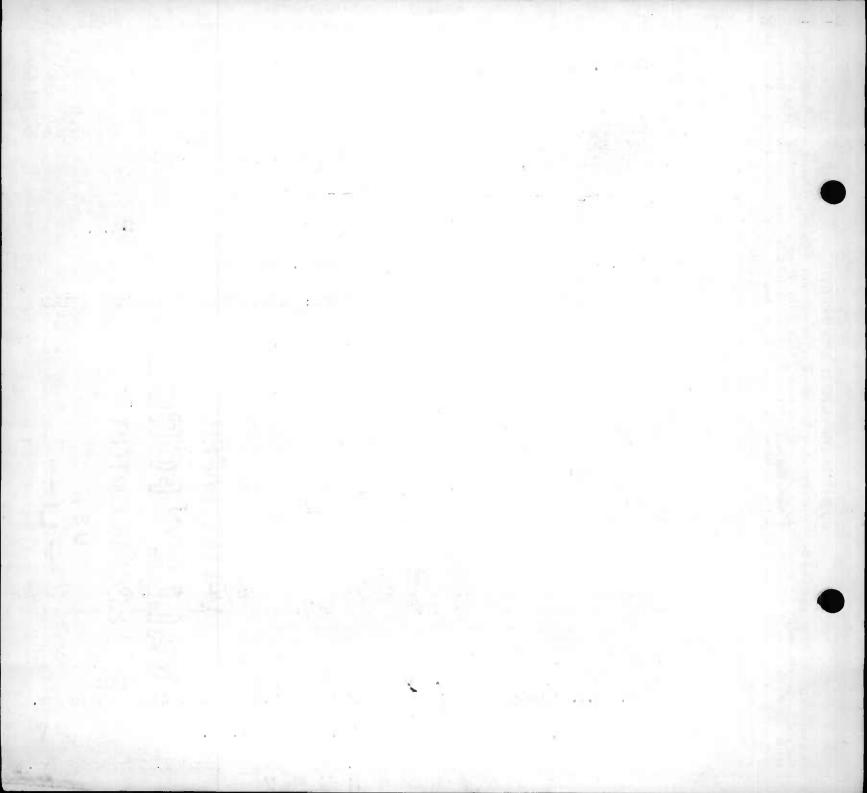


1	67 4348 BALTIMORE CITY HEA	OP 1
M-135	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No. 67 434
	I. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	(EUGENIA) EUGENIA M. MARTIN	April 28, 1967 12:30 P.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)
	INSTITUTION	Baltimore # 21201 . // 3
	829 N. Eutaw Street	829 N. Eutaw Street
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Female White Divorced	B. DATE OF BIRTH Jan. 14, 1914 9. AGE (In years lost birthdoy) Sant Days Hours Min. 53
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	
	done during most of warking life, even if retired) Waitress 13. FATHER'S NAME	Baltimore , Md. WHAT COUNTRY? U.S.A.
	Konstanty Gizinski	Constance Demboski
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown, lif yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS Balto.,
	No —— 213-01-3117	Marian J. Smyth 8617 Fowler Ave. 34, Md.
	18. S 8 / O CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cirrhosis of liver
	(This does not mean the made of dying e.g., heaf failure, asthenia, etc. It means the disease,	Ollinosis of liver
	injury ar camplication which caused death.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		No
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	, in or about 21C. WHERE DID (If in Boltimore City, give exact location) affice bldg., INJURY OCCUR?
		21F. HOW DID INJURY OCCUR?
	22. I certify that I held on Inquiry Inspection X Ac	
	resulted from: Notural couses Accident Suici	
		CHIEF MEDICAL EXAMINER
	SIGNATURE Clarks J. La gat M.	DATE SIGNED
	EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER April 28, 1967
	23A, BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
	Burial 5-2-67 St. Alphons:	us Cemtery Woodstock , Md.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR 901 S. Conkling St.
	MAY 3 1967 Robert E. Falkerth	Charles Seles Balto., 21224, Md.

VS 151-REV. 1/1/65

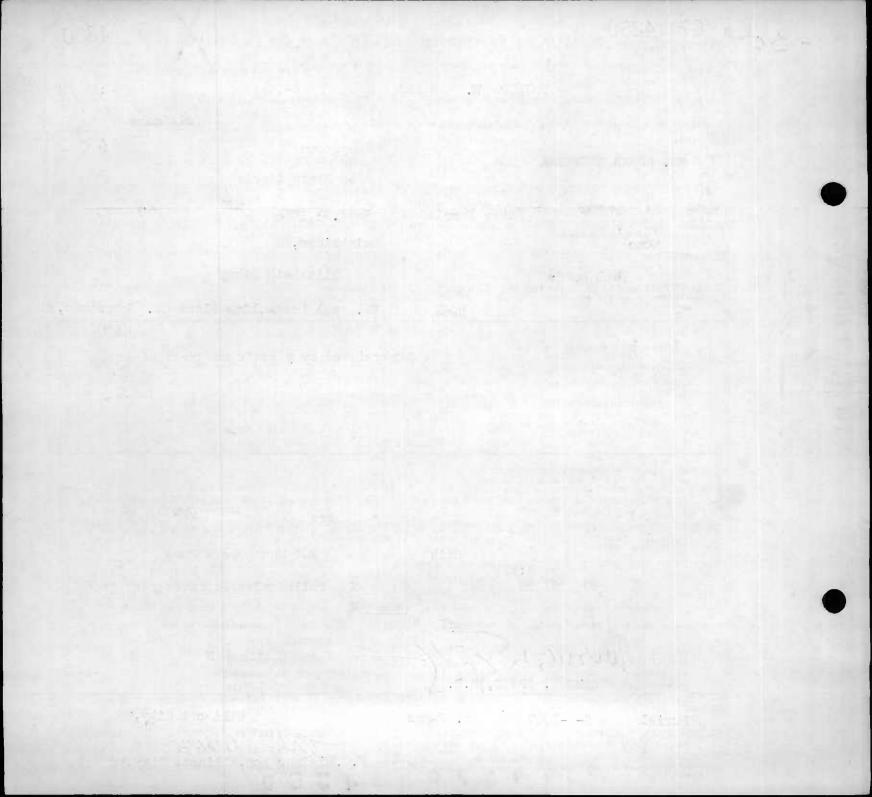
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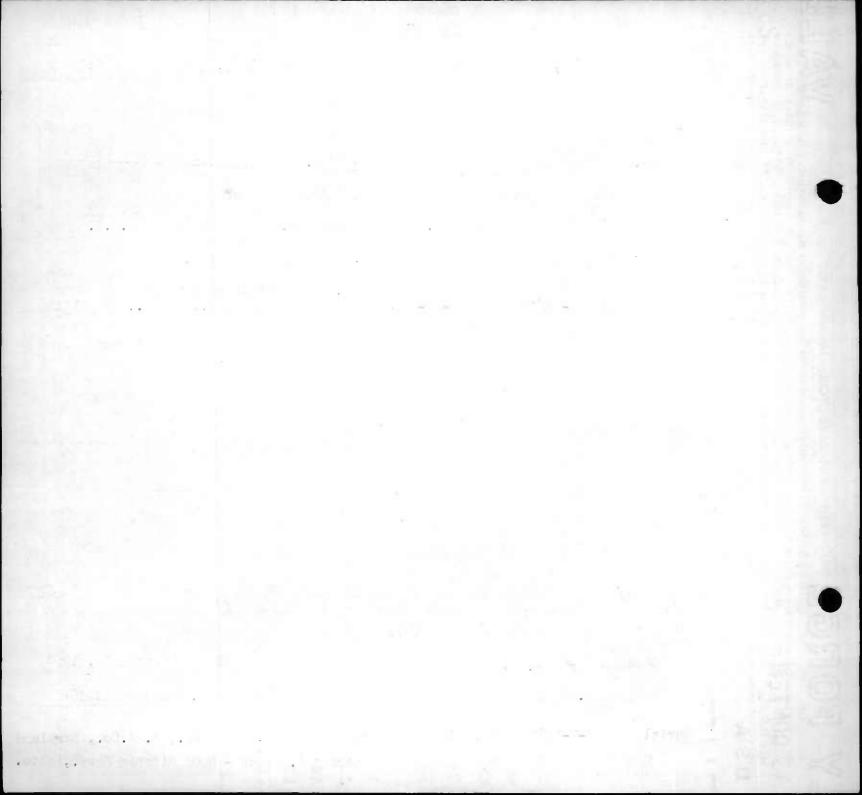
VS 151-REV. 1/1/65

Higinbothom, Ellicott City, Md



VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		67 4351
RTH NO. 67 4351	CERTIFICA	TE OF DEATH	Registered No	01 4001
N.E. CASE NO. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
ype or Print) GROSSKETTLER, Paul	Andrew	April	27, 1967	2:35 P
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE Where	deceased tived. If ins	titution: residence before odmis
FULL NAME OF (If not in haspitot or institut	tian, grve street	Maryland B. COUNT		
HOSPITAL OR address or location) INSTITUTION			ide city limits, write R	URAL and give township)
Veterans Administration Ho	ospital	Baltimore		0071
3900 Loch Raven Boulevard			ral, give location)	
Baltimore, Maryland 21218		3827 W. Pataps		
WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) lowed	1/29/20	AGE IIn years ost birthdayl	If Under 1 Yr. It Under 24 Months Doys Hours Mi
DA. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	e Cream Co.	Shenandoah, Per	-	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
John M Grosskettler		E. Catherine So	inmlat	
S. Was Deceased Ever in U. S. Armed Forces? es,no or unknawn) (It yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT Veterans Admir	istration F	ADDRESS Hospital
Yes 2/12/42 - 7/23/4	15 217-26-8266			
1B. / 6 9 /	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) Brond	chogenic Carcinon	na	l year
(This does not mean the made of dying, heart failure, asthenio, etc. It means the dise				
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)	~~~		
DISEASES OR CONDITIONS, if any, gi				
rise to the obove couse (A) stating UNDERLYING CONDITION last.	(C)			
ONDEREING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO) THE	20 A. AUTOPSY? (Yes or No)		INDINGS CONSIDERED USES OF DEATH?
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF) THE	Yes	Yes	INDINGS CONSIDERED USES OF DEATH? City, give exact location)
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inglily medical examiner)	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, a etc.)	o or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	Yes Ilt in Boltimore	
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inglity medical examiner) 21D. TIME [Month] [Doy] [Yeor] [Hour]	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, a etc.) 21E. INJURY OCCURRED	Tes a or obout 21C, WHERE DID ffice bldg., NJURY OCCUR?	Yes Ilt in Boltimore	
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatily medical examiner) 21D. TIME [Month] [Doy] [Yeor] [Hour] 21D. TIME [Month] [Doy] [Yeor] [Hour]	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, a etc.) 21E. INJURY OCCURRED While At Nat While Work	Yes a or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJU	Yes III in Boltimore	City, give exact location)
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatity medical examiner) 21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, a etc.) 21E. INJURY OCCURRED While At Nat While Work	Yes a or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. How DID INJURY OF INJUR	Yes III in Boltimore	City, give exoct locotion) 1 27th 1967
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inglily medical examiner) 21D. TIME [Month] [Doy) [Yeor] [Hour]	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, a etc.) 21E. INJURY OCCURRED While At Nat While Work At Work And the deceased from A	Yes a or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. How DID INJURY OF INJUR	Yes III in Boltimore	City, give exoct locotion) 1 27th 1967
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inality medical examinet) 21D. TIME [Month] [Doy] [Year] [Hour] OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attended that (1) (we) lost sow the deceosed alive	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., index, form, foctory, street, detc.) 21E. INJURY OCCURRED While At	Yes a or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. How DID INJU pril 26th 19 67 ond the	Yes III in Boltimore	City, give exoct locotion) 1 27th 1967
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended.	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., index, form, foctory, street, detc.) 21E. INJURY OCCURRED While At	Yes a or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. How DID INJU pril 26th 19 67 ond the	Yes III in Boltimore	City, give exact location)
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) lost sow the deceosed alive ond hour and fram the couses stated obay 23A. SIGNATURE	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, a etc.) 21E. INJURY OCCURRED While At Nat While At Work And the deceased from A on April 27th	yes a or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU pril 26th 19 67 ond the view the body after death.	Yes Ill in Boltimore IRY OCCUR? 9 67 to Apri t in (h) (aur) apir	City, give exact location) L 27th 1967 nion death accurred on the
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) lost sow the deceosed alive ond hour and fram the couses stated obay 23A. SIGNATURE Printing A. Range	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, a etc.) 21E. INJURY OCCURRED While At Nat While At Work And the deceased from A on April 27th	Yes a or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU pril 26th 19 67 ond the view the body after death.	Yes III in Boltimore	City, give exact location) 1 27th 1967 nion death accurred on the
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatity medical examiner) 21D. TIME [Month] [Doy] [Year] [Hour] 21D. TIME [Month] [Doy] [Year] [Hour] 22. I certify that [I] (this haspital) attended that [I] (we) lost sow the deceased alive ond hour and fram the couses stated obay 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., index, detc.) 21E. INJURY OCCURRED While At North At Work April 27th ve. (If (We) (did) (did	Yes a or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU Pril 26th 19 67 ond the view the body after death. ending Med. pirector 23D. ADDRESS	Yes Ill in Boltimore IRY OCCUR? 9 67 to April t in (m/) (aur) apir	City, give exect locotion) 1 27th 1967 nion death accurred on the 23B. DATE SIGNED April 28, 1967
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (I) (this haspital) attended that (A) (we) lost sow the deceased alive and hour and fram the couses stated obay 23A. SIGNATURE **Promission** **Promission**	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., index, detc.) 21E. INJURY OCCURRED While At North At Work April 27th ve. (If (We) (did) (did	Yes a or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU Pril 26th 19 67 ond the view the body after death. ending Med. pirector 23D. ADDRESS	Yes Ill in Boltimore IRY OCCUR? 9 67 to April t in (m/) (aur) apir	City, give exact location) L 27th 1967 nion death accurred on the
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatily medical examiner) 21D. Time (Month) (Doy) (Year) (Hour) 21D. Time (Month) (Doy) (Year) (Hour) 22. I certify that (I) (this haspital) attended that (I) (we) lost sow the deceosed alive and hour and from the couses stated obove 23A. SIGNATURE 23C. PHYSICIAMS NAME (Type) DOMINGO A. GARCIA 4A. BURIAL CREMATION, 24B. DATE	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., index, detc.) 21E. INJURY OCCURRED While At North At Work April 27th ve. (If (We) (did) (did	Yes a or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. How DID INJU Pril 26th 19 67 ond the view the body after death. ending Med. Director 23D. ADDRESS VA HOSPITAL Ba	Yes It in Boltimore RY OCCUR? 67 to Aprilia in (A) (aur) apir	City, give exect locotion) 1 27th 1967 nion death accurred on the 23B. DATE SIGNED April 28, 1967
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 22. I certify that (I) (this haspital) attended that (I) (we) lost sow the deceosed alive ond hour and fram the couses stated obay 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DOMINGO A. GARCIA 4A. BURIAL CREMATION, 24B. DATE	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, a etc.) 21E. INJURY OCCURRED While At Nat While At Work Med the deceased from A on April 27th We. (If (We) (did) (d	Yes a or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU Pril 26th 19 67 ond the view the body after death. ending Med. Director 23D. ADDRESS VA HOSPITAL Ba EMATORY 24D. LO	Yes Ill in Boltimore IRY OCCUR? 9 67 to April t in (m/) (aur) apir Phys. X Ltimore, Max CATION (Cit	City, give exect locotion) 1 27th 1967 nion death accurred on the 238 DATE SIGNED April 28, 1967 ryland 21218



VS 150-REV. 1/1/65

THE SHE BALT . CHIV HOSP 333 S PARRISH 4/10/21 46 W Z PH. U50-Hermaning LELLNORTH ? FRANCES L. BUSBY 4-660.70 Hupolia Coma aladelie cerhenie 12/21/20 4/10/10 13/25/47

pital and of death

hospital

=

death

contributing

Deceased

canse; attend 9

(4) Undetermined

LO

ance (2) COUSE

Such

death.

prior

eceased

the

attendance

regular

physician

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o the hospital

any nature;

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accident

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was D.O.A.

shows:

the body

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obtained before

physician

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9

death) hospital

must

approval

written

prior ata

eceased

regular

Was

death 0

any

fracture

BIRTH NO. M.E. CASE NO. (Type er Print) Wilbur L. Riley 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street eddress er lecetien) Mary Avenue is made. 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE WIDOWED, DIVORCED (specify) Male White Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS disposition dene during mest of working life, even if retired)

James Riley

Ret. Engineer

15. Was Deceased Ever in U. S. Armed Forces

(Yes, no er unknewn) (If yes, give wer er dotes ef service)

13. FATHER'S NAME

No

BALTIMORE CITY	HEALTH DEPARTMENT		
CERTIFICA	TE OF DEATH	Registered No.	7 4353
	2. DATE	AND HOUR OF DEATH	Day A. H.
У	4	- 29- 1967	10:35 AM
ve street	A. STATE B. CO	/here deceesed lived. If in UNTY	stitutien: residence before edmissien)
	Baltimore	eutside city limits, write I	RURAL end give pwnship)
	4310 Mary	Avenue #6	
DIVORCED (specify)	3-23-1890	9. AGE (In yeers lest birthdey)	If Under 1 Yr. If Under 24 Hrs. Months Doys Heurs Min.
USINESS OR INDUSTRY	11. BIRTHPLACE (State er fo	ereign ceuntry)	12. CITIZEN OF WHAT COUNTRY?
Rail Road	Baltimore, 1	Maryland	U.S.A.
	14. MOTHER'S MAIDEN N		
		Louise Hersc	h
6. SOCIAL SECURITY NO.	17. INFORMANT		21207ADDRESAVe
717-07-8752	Mrs William	R. Pritchett	2823 Engelwoo
CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) art	eriosclerotic	Cardio	
0 -	1 1	a too willow	

CAUSI DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., DUE TO heart failure, asthenio, etc. Il means the disease, injury at camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR CERTIFIC 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WHICH OPERATION 25/6 IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in er ebeut 21 C. WHERE DID heme, form, foctory, street, effice bldg., INJURY OCCUR? (If in Beltimere City, give exect lecetion) DEATH (netify medical exeminer MEDIC (Menth) (Doy) (Yeer) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Heur) OF INJURY Not While While At (APPROX.) At Werk Work 22. I certify that (1) (this hasnital) attended the deceased that (1) (we) lost sow the deceased alive on and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURI 23 B. DATE SIGNED Med. Director

23C.PHYSICIAN'S NAME Type! 24B. DATE

Attending Phys. M.D. 23D. ADDRESS Steff Phys.

24D. LOCATION

(City, tewn, er ceunty) (Stete)

REMOVAL (Specify) 5_2-1967 DEPT. |258 25A. DATE REC'D BY

Parkwood Cemetery 258. NAME OF REGISTRAR

24C, NAME of CEMETERY of CREMATORY

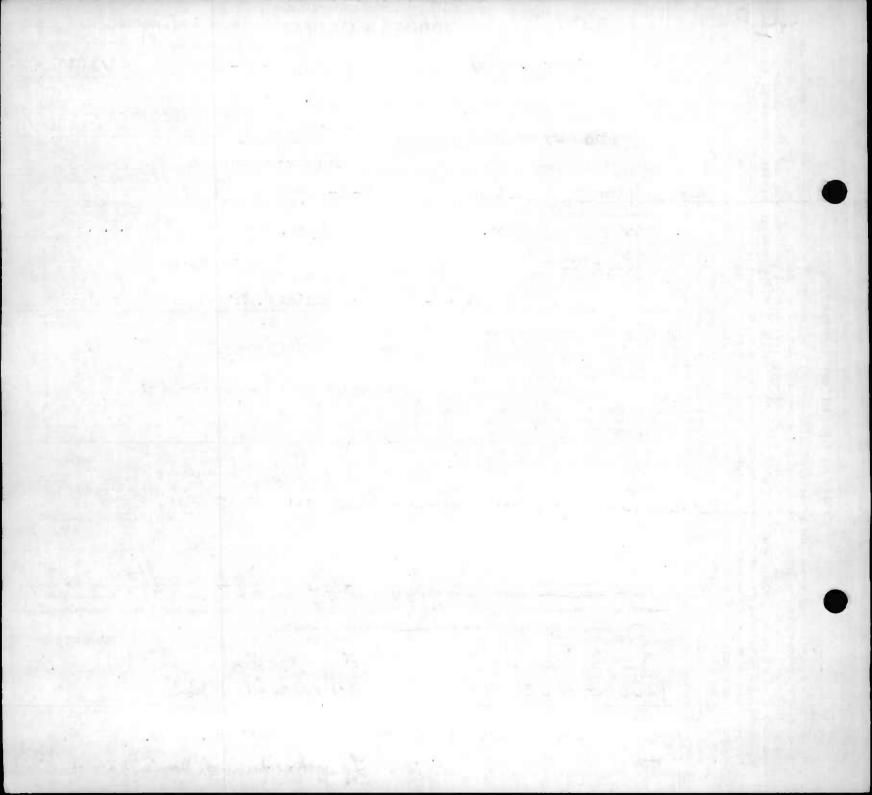
Penna. Rail Road

Baltimore 25C. FUNERAL DIRECTOR

24A. BURIAL CREMATION,

VS 150-REV. 1/1/65

ADDRESS



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 4354 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3:30 Maria R. Liberto May 1 . 1967 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY (If not in hospital or institution, give street **FULL NAME OF** HOSPITAL OR oddress or location). C. CITY OR TOWN (If outside city limits, write RURA and give lownship) INSTITUTION Baltimore 5009 Frederick Ave. D. STREET ADDRESS (If rurol, give focotion) 5009 Frederick Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday Hours F Cauc. Aug. 6, 1884 Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Italy USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Salvatore Brocato Rosa 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Connie Norton 212-48-7988 5009 Frederick Rd. - 21229 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO hearl foilure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ö 19A.DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED ERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Ü 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact lacation) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) MEDI (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E INJURY OCCURRED OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23R DATE SIGNED Attending Phys. Med. Director 23C. PHYSICIAN 23D. ADDRESS NAME (Type) Joseph Liberto 2110 Old Frederick Rd. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial New Cathedral Com. Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Witzke F. D. - 4101 Edmondson Ave.

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Joseph Liberto 2110 Gld Frederick Ad-

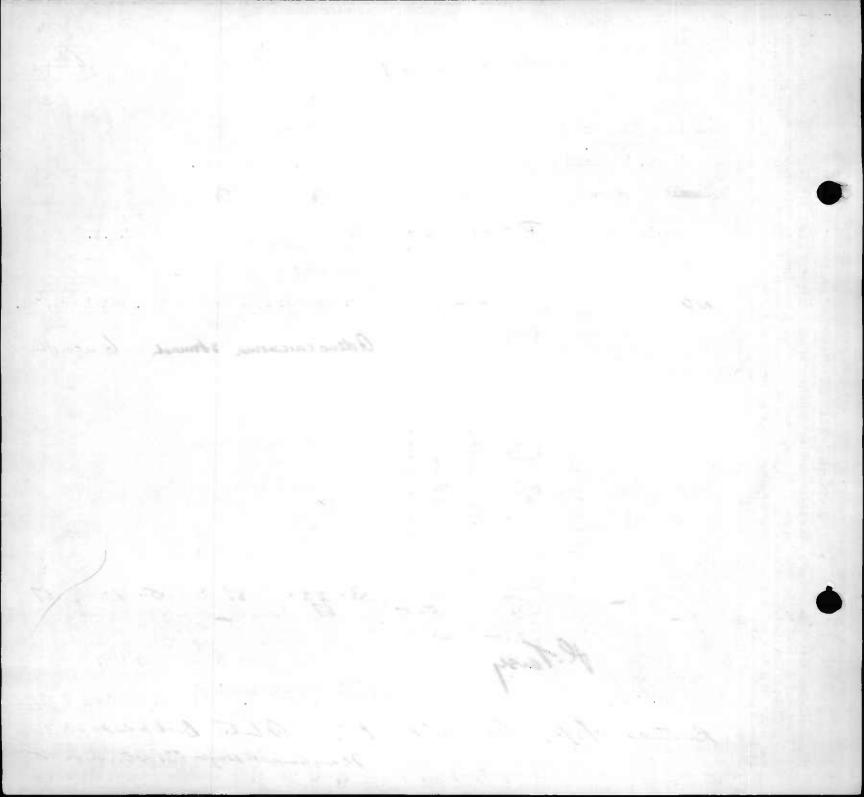
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-Atake . u. - 410 Edmondeon Avo.

A.E. CASE NO.	CERTITI	CATE OF DEATH Registered No.					
NAME OF DECEASED Type or Print)		2. DATE AND HOUR OF DEATH	1 3:50				
John W. Da		May 1, 1967					
PLACE OF DEATH IN BALTIMO	RE MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If	nstitution: residence before odmi				
		Maryland					
FULL NAME OF (If not in HOSPITAL OR oddress o	hospital or institution, give street		the same of				
INSTITUTION	, 10001011	C. CITY OR TOWN (If autside city limits, write	RURAL and give lownship)				
PSV)		Baltimore	1600				
3718 Clarence	nt Street	D. STREET ADDRESS (If rurol, give location)					
		3718 Claremont Stree	9.1				
- SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years					
	WIDQWED, DIVORCED (specif		If Under 1 Yr. If Under 24 Months Doys Hours N				
M White	Married	11/8/1899 67					
		USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
one during most of working life, even if							
inspector	Beth. Steel	Virginia	U.S.A.				
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME					
Chrles Wes	7 017	Cora Saunders					
5. Was Deceased Ever in U. S. Ar		17. INFORMANT	ADDRESS				
(es,no or unknawn) (If yes, give wo	or dates of service) SECURITY NO.						
no	216-09-5	3448 A Mrs. Marie Dav	is Same				
18. 4 9 1 1 1	CALL	SE OF DEATH	INTERVAL BETWEEN				
		A A	ONSET AND DEAT				
DISEASE OR CONDITI			. 7				
LEADING TO I	(A) C	grouping / terambon	2 /				
hoort failure asthesis sta	node of dying, e.g., DUE TO	0					
(This does not meon the mode of dying, e.g., DUE TO heorl failure, asthenia, etc. It meons the disease,							
injury or complication which		1 2 0.	-				
	caused death.)	stonio relevote CV. Dise	lace ?				
ANTECEDENT C	caused death.) CAUSES (B) (B) (COURT TO THE T	stonio relevatico V. Dise	ence ?				
ANTECEDENT C	CAUSES (B) CDUE TO	stonio relevote CV. Dis	face ?				
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pital by a medical examiner. Also, if the direct or contributing cause of death	14
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ept where the physician who pronounced death was in regular attendance on the	D
d (6) No physician was in regular attendance on the deceased prior to death. Such	1
ained before the remains are embalmed or final disposition is made.	1

BALTIMORE CITY HEALTH DEPARTMENT Registered No. RTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) Maryland Of not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give townsh Baltimore City Hospitals Baltimore 4940 Eastern Ave. D. STREET ADDRESS (If rural, give location) Baltimore, Maryland # 21224 1233 N. Central Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys Hours Female Negro Widowed 58 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PUT FAMILY Domestic Maryland U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Abe Hill Galloway 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS#21224 6. SOCIAL (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. 213-22-2242 BCH: Records 4940 Eastern Ave. Baltimore, Md. NO 1 B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the mode of dying, e.g., DUE TO heart failure, os)henia, etc. If means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC, 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work death); and must be obto (exc 22. I certify that (!) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an.. and that in (my) (our) apinion death accurred on the date accident of hospital the body was released shows: (1) An accident o was D.O.A. at a hospite and haur and from the causes stated above, (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED 5/1/67 M.D. Attending Med. Director 0 approval prior 23C. PHYSICIAN'S 3D. ADDRESS NAME (Type) Baltimore City Hospitals Dr. Tarsy 4940 Eastern Ave. Baltimore, Maryland # 21224 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) decease 25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAF VS 150-REV. 1/1/65



BALTIMORE	CITY HEALTH DEPARTMENT	1 000	4.63
MEDICAL EXAMIN	ER'S CERTIFICATE OF	DEATH Registered No.	4357

M.	E CASE NO.									1	
l. (Tv	NAME OF DEC	EASED		,	(2. DA	TE AND H	OUR PRONOUNCED	DEAD	
,	pe or - 11110		LEONA	RD WA	TEY ALLENDER		5	-1-67		1	3:50 AM M.
3. 1	LACE IN BALT	IMORE, MAR					residence (Where dece	osed lived. If institu B. COUN	tion: reside	ence before odmission)
HO	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					outside cor	porote limits, write R	URAL one	d give township)		
INS				Chas					63.00		
2	/ BATTT	ORE CI	ייע ערפו	тπл			ADDRESS ((If rurol, give	location)	100	2200
2	DALLIE	TOKE CI	11 11091	TIML							
5. \$	EX	6. RACE	T	7. MARRIED.	NEVER MARRIED	B. DATE C	e Post		9. AGE (In years	If Under	1 Yr, If Under 24 Hrs.
_					OIVORCED (specify)	20	0. /	200	lost birthdoy)	Months	Doys Hours Min.
	lale	Color		Din	ne	Mel	418/	941	25		
	. USUAL OCCU e during most of v			IOB. KIND OF	USINESS OR INDUSTRY	11. BIRTHA	LACE Stole o	or foreign co	untry)	12. CITIZEN WHAT	N OF COUNTRY?
	Labor	(K)				C	ruse	ms			
13.	FATHER'S NAM	E	011			14. MOTH	ER'S MAIDEN	NAME	•		
	(PAKDA	100 /	201/2	dear		do	4.1.	1/1	1-		
15.	WAS DECEASE	D EVER IN U	S. ARMED	FORCES?	16. SO CIAL	17. INFOR	MANT	Now we	um	ADDRESS	. 1
(Yes	, no or unknown)	(If yes, give	wor or dates	of service)	SECURITY NO.			011	1 / 1	2 00	2// 5
					4	Sar	ale o	lelle	nall /2	uff!	I chare me
	1B.	16.4	free		CAUSE	OF DEA	ГН				INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CON	DITION DIR	ECTLY							DIASET AND DEATH
	1400	LEADING 1	O DEATH		(A)	Multip	le inju	ries		The state of	
	heort tailure,	ot meon the	. It meons	the disease,	DUE TO						
	injury or con	nplication whi	ch coused de	eoth.)							
	A	NTECEDENT	CAUSES								
	DISEASES (OR CONDITI	ONS, IF AN	Y, GIVING	DUE TO) i. 0 0000 = 0 ii 000 fii. iii
	UNDERLYIN	E ABOVE CA	USE (A) STA ON LAST.	ATING THE							
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V				ONTRIBUTIN							
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CERTIFICATION	19A. DATE OF	OPERATION			VHICH OPERATION	20A. A	JTOPSY? (Yes		IF YES, WERE FIND		
O	2		WAS PERF	ORMED		V	es	IN (CERTIFYING CAUSES	S OF DEA	TH?
₹	21 A. EXTERNA			21 B. I	LACE OF INJURY (e.g.,	in or about	21C. WHERE	DID (If in	Baltimore City give	exoct loc	otion)
MEDICAL	UNDERLYING Y			home,	form, foctory, street, o	office bldg.,				1e - 7	74' East of
풀					Street				cters Road		- 3 -00
	21 D TIME OF INJURY	(Manth) (E	Doy) (Yeor)	10.21	E. INJURY OCCURRED		21F. HOW DI	D INJURY C	OCCUR?		
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	22.						1.1				
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	resul	ed from: N	aturol cou	ses 🔝 A	ccident X Suicide	e L H	lomicide	Unde	termined monner		
		1,0	00 0	. (_)	CH	EF MEDICA	AL EXAM	NER		DATE SICHED
	SIGNATI	1/124	Sul	h	1 - 1	ASSISTA	NT MEDICA	AL EXAM	NER X		DATE SIGNED
	EXAMIN	JK -		1	M. D.		TE MEDICA				5-1-67
	NAME (WERNER	U. SPI	CZ, M.D.	AUUUUI	TE MEDIC	AL LAAM			5 1 07
	BURIAL CREA	AATION, 23	B. DATE		NAME of CEMETERY .	CREMAT	ORY	23D. LOCA	TION (City, to	own, or co	ounty) (Stote)
REA	AOVAL (Specify	7	nounl	14 7	Sport "	nu	13	~	note 1	co,	20
2.4	Burun	U VI	Jacys 1	0/6	Jelumow /	law.	um,	200	Tredu	eko C	NO
240	DATE REC'D	BT HEALTH	DEV.	24B, NAME	OF REGISTRAR	240.	FUNERAL DIR	ECTOR	7		DDRESS
		MAY 3	1967	Robert	E, Farbura	m	sald 110	Elec	keson 110	2911.	Carlinst
VS	151-REV. 1/1/6	N8	69.	201	6 / 0 0	700	3 6	5			3500

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FUNERAL DIRECTOR: IMPORTANT

49-16-91TN

R	-1052	67 125	SQ	BALTIMORE CITY	Y HEALTH DEPARTMENT		Olay .			
BIR	TH NO.	01 400	O	CERTIFICA	TE OF DEATH	Registered No	. 67 4358			
	L CASE NO.	CEASED		/		AND HOUR OF DEAT	н 06			
(Ту	pe or Print)	DIVIP	5 (-4)	brie	4	DX1/30	19671 11 3 M			
3.	PLACE OF DE	ATH IN BALTIMORE	MARYLAND		4. USUAL RESIDENCE	Where deceased lived. If	institution: residence before admission)			
	FULL NAME	OF Uf not in hos	spitol or institutio	on give street	MARYLAND	()				
	HOSPITAL OR	oddress or le	ocotion)		C. CITY OR TOWN (I					
		BALT IMORE			D. STREET ADDRESS (If rurol, give locotion)					
	31	4940 EAST BALT IMORE								
5. 5	rev	6. RACE		ED, NEVER MARRIED	1620 Gail					
	MALE	WHITE	WIDO	DOWED (specify)	1-20-00	9. AGE (In yeors	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
		CUPATION (Give kind of working life)		OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Carpent	er	Co	nstruction	KENTUCKY U.S.A.					
13.	FATHER'S NA	ELDRI	DGE BARN	NES	14. MOTHERS MAIDEN	ANCY				
15.	Was Decease	d Ever in U. S. Arme	d Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS#21224			
(Te	No of unknow	n) (If yes, give wor o	r dotes of servic	security No. 215 14 5906A	BCH: Records	/9/O Easter	Ave. Baltimore, Md.			
-	1B. // 🗢	46. 1. 1			OF DEATH	7740 2000	INTERVAL BETWEEN			
	DISEA	SE OR CONDITION	N DIRECTLY	1)	T / /	ONSET AND DEATH			
		LEADING TO DE		(A)	UMOMANI	1 Impolu	5 4 Krs			
	heart foilure,	not mean the mad , osthenia, etc. It m	reans the disea							
	injuly or ca	mplication which co		(10110541	Je Unich	211X5			
	ANTECEDENT CAUSES (B) DUE TO									
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the									
	UNDERLYING CONDITION last.									
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ATION	TO THE D	DEATH BUT NOT	RELATED TO							
CA		F OPERATION 198.		R WHICH OPERATION	20 A. AUTOPSY? (Yes o	No) 208. IF YES. WER	E FINDINGS CONSIDERED			
CERTIFIC	2	WA	PERFORMED		Ves	IN CERTIFYING	AUSES OF DEATH?			
2	21 A. ACCIDI	ENT WAS UNDERLY	NG 🗌	218. PLACE OF INJURY (e.g., i	in or obout 27 C. WHERE DI	D (If in Boltin	ore City, give exact location)			
A	DEATH (notif	y medical examiner		etc.)	since blag., INJURI OCCUI					
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)			21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?				
₹				While At Not While At Work						
	1/20/20/20									
	22. I certify that (I) (this hospital) attended the deceased from 4 2 19 to 7 19 that (I) (we) last saw the deceased alive an 4 30 19 and that in(my) (correction and the date									
	and haur and fram the causes stated above. (1) (We) (did) (did-net) view the bady after death.									
							23B. DATE SIGNED			
	4	10/1/0	1100	M.D. Att	ending Med. Stoff A 4-30-67					
	23C. PHYSIC		No face		23D. ADDRESS BALTIMORE CITY HOSPITALS					
	DR.	A. P. WEIN	FELD	M.D.	4940 EASTER		LTO. MD. 21224			
24/	BURIAL CR	EMATION, 248, DA	TE 24C	.NAME of CEMETERY of CR			(City, town, or county) (State)			
	Burial	(Specify) 5/3/	67 H	olly Hill Manne	doldard					
25/		BY HEALTH DEPT.	25B. NAM	olly Hill Memor	25C. FUNERAL DIREC	Baltimore Co.	ADDRESS			
		MAY 3 196		& E. Farley MA	Justice 6	uzdzinski 1	07 Eastern Ave. 21			
VS	150~REV. 1/1.	/65		5 7 0 1 0	4 7 6 6	0-0				

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

4	SY ADE	6	BALTIMORE CITY	HEALTH DEPARTMENT		00 4000			
BIRTH NO.	57 435	13	CERTIFICA	TE OF DEATH	Registered Na	67 4359			
M.E. CASE NO.									
I. NAME OF DECEASED			7	2. DATE	AND HOUR OF DEATH				
(Type or Print)	NV IT	SIEIN	SEATK	211- 1	MAY, 196	7 1 4/10 1.			
3. PLACE OF DEATH IN		RYLAND	Denn	4. USUAL RESIDENCE (WI	nere deceased lived. If inst	litution: residence before admission)			
				A. STATE B. COL	INTY				
FULL NAME OF HOSPITAL OR	(If not in haspital		ve street	MARYLO	910				
INSTITUTION	address or location	/	/	C. CITY OR TOWN ! (If	autšide city limits, write RL	JRAL and give township)			
a Man	1 240	6-	AL /tosp	BATH	MORE	1.5-01			
X MINEY.	LAND)	y E DEL	AC/JOSP	D. STREET ADDRESS	If tural, give lacation)	, - 1			
0				*717	LAKE UR	21015			
6. RA	CE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.			
1	1.)		· DIVORCED (specify)	1	lost birthday)	Months Doys Hours Min.			
/			1006-6	•	-10.				
IOA, USUAL OCCUPATION Idone during most of working		108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?			
	me, even il temed,			ENGLAN	1	USA			
RONE				F 106 647	70				
3. FATHERS NAME	/			14. MOTHER'S MAIDEN N	AME				
1 word	1412	710		SORAL					
5. Was Deceased Ever i	n U. S. Annad For	ces?	6. SOCIAL	17. INFORMANT		ADDRESS			
Yes, na ar unkna wn) (If ye			SEQUEITY NO.	THE OWNER AND		755(1)			
			-	ELGANER EDW	ORDS - 100	Francisco / and			
18.		7	CAUSE O		4441 - 106	INTERVAL BETWEEN			
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UNDERLYING COL	NDITION lost.	sioning me	5 22 12						
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Z	- 11					on opperant,			
OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND	BUT NOT RELA	TED TO THE		. 7.		0			
	TION CAUSING I	т. С	- Undrew	arun					
19A. DATE OF OPER	ATION 198. CON	DITION FOR	RICH OFFRATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE FIL	NDINGS CONSIDERED			
EO	WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?								
U 21A. ACCIDENT WA	S UNDERLYING	21 B, I	PLACE OF INJURY (e.g., in	ar about 21C. WHERE DID	(If in Baltimare	City, give exact location)			
OR CONTRIBUTING		home	, form, foctory, street of	fice bldg., INJURY OCCUR?		/ ~			
U	ar examinen	o i ci	Home	717 Lake Drive					
	th) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID II	JURY OCCUR?				
S (APPROX.)	28 67	4:10A W	At Work	e w cot in tu	h of hot water	r			
(APPROX.) 4 28 67 4:10A At Work x sat in tub of hot water									
22. I certify that !	t) (this haspital) attended the	e deceased fram	4-29	19 6 Zto 5	- / 19 6 /			
that (1) (waltast	that (1) (we) Tast sow the deceased clive an 4-29 19 67 and that in (my) (port) opinion death occurred an the date								
and hour and from	and hour and from the causes stated abave. (1) (We) (did not) view the body after death.								
23A. SIGNATURE	23A. SIGNATURE								
M.D. Allending Med. Stoff									
mu	23C. PHYSICIANS 23D. ADDRESS								
23C. FHYSICIAN'S NAME (Jype)									
1111111111	MICHAEL (S. Flynn M.D. Mantand Centre Hon								
24A. BURIAL CREMATIC									
REMOVAL (Specify	///				73	Dr. is			
BURIAL	5/3/196	7/ 7/6	BREW FRIE	Nazarb	5940.	110			
SA. DATE REC'D BY HI		25B. NAME O	REGISTRAR	25C. FUNERAL DIRECTO	OR _	ADDRESS			
MAY	3 1967	A	E Forber MA	SYLVAN S. LEW	13 TSON - GAI	RRISON, MI)			
min	9 1301	APPENIA.			2	, —			
VS 150-REV. 1/1/65	148	3 0	1 4 7 1	1 4 0 0 1					

Mary Land Comment trap 8717 Locker Direct FORT FORW & THOSE 34000 Eugens Est SARAC C Jucob Harcis Dehy DK Fron 462 Serves divide Grans Michigan Bridger Mary land from The transfer they have the second section of the second section is a second

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ng cause of death cause; (5) Deceased a hospital and

BALTIMORE	CITY	HEALTH	DEPARTMENT

			BALTIMORE CIT	Y HEALTH DE	PARTMENT		my pay	4000	
BIRTH NO.	67 4.36	0	CERTIFICA	ATE OF	DEATH	Registered Na	0/	4360	
M.E. CASE NO	ECEASED				2. DATE AND	HOUR OF DEATH			
(Type or Print)	HARRY M. I	AARTTN.	SR					3.00 P	
3. PLACE OF	DEATH IN BALTIMORE,		DIL.	April 26, 1967 3:00 P. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissing A, STATE B. COUNTY					
FULL NAME	R oddress or lo	pital or institut cation)	ion, give street	Maryl		ide city limits, write R	URAL ond give	e townshin)	
INSTITUTION	1712 Winde	emere A	ve.	Balti	more			9-05	
00	Baltimore			D. STREET ADDRESS (If rurol, give location)					
00				1712	Windeme	re Ave.			
5. SEX	6. RACE	7, MARE	WED, DIVORCED (specify)	B. DATE OF	BIRTH 9	AGE (In years ost birthday)	If Under 1 Y Months Doy	r. If Under 24 Hr s Hours Min.	
Male	White	Ma	rried	March			i	<u>i</u> i	
	CUPATION (Give kind of of working fife, even if reti		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLA	CE (State or foreig	n country)	12. CITIZEN WHAT C	OF OUNTRY?	
Machin			comobile	Balti	more, M	d.	U.S.	A	
13. FATHER'S N	AME				S MAIDEN NAM				
	l Martin				ne Vick				
15. Was Deceas	sed Ever in U. S. Arme	d Forces? dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMA	NT	8310 D	alesfo	rd Rd	
No				O Harry	M Men	tin, Jr.		200	
18.01	2.45. / 1			OF DEATH	He Heat	0111, 01.	INTE	RVAL BETWEEN	
heart failu	s nal mean the mad- re, asthenia, etc. It m camplication which ca ANTECEDENT CAI	eans the dise used death.)	e.g., DOE TO		Mysts	Man Man			
	DISEASES OR CONDITIONS, if any, giving								
	rise Ia The above cause (A) slating the (C) UNDERLYING CONDITION last.								
≧ TO THE	ONIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUS	RELATED TO	TING						
		CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTR	DENT WAS UNDERLYII IBUTING CAUSE OF tify medical committee	NG 🗌	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C office bldg., INJ	WHERE DID URY OCCUR?	(If in Boltimore	City, give exc	ct location)	
210. TIME	(Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F.	21F. HOW DID INJURY OCCUR?				
OF INJURY			While At Work At Work						
22 conti	22. I certify that (1) Whis haspital) attended the deceased from MBY 1963 to PDR/Z 196								
	ve) last saw the dec			. /		t le (my) (aur) apid	ian death ac	curred an the do	
and haur	and haur and from the causes stated above. (1) (We) (did) ((did nat) view the bady after death.								
23A. SIGN A	TURE / h	. //	= /		-		23B. DATE SIG	SNED	
	14.11	An	M.D. A.	ttending X		Stoff Phy s.	41	26/67	
	11/1	1///	1000	1000			1/	19/	

M.D.

24D. LOCATION (City, town, or county)

Baltimore Co. Maryland ADDRESS (Stote)

C'D BY HEALTH DEPT. |2 67 Parkwood Burial 25A. DATE REC

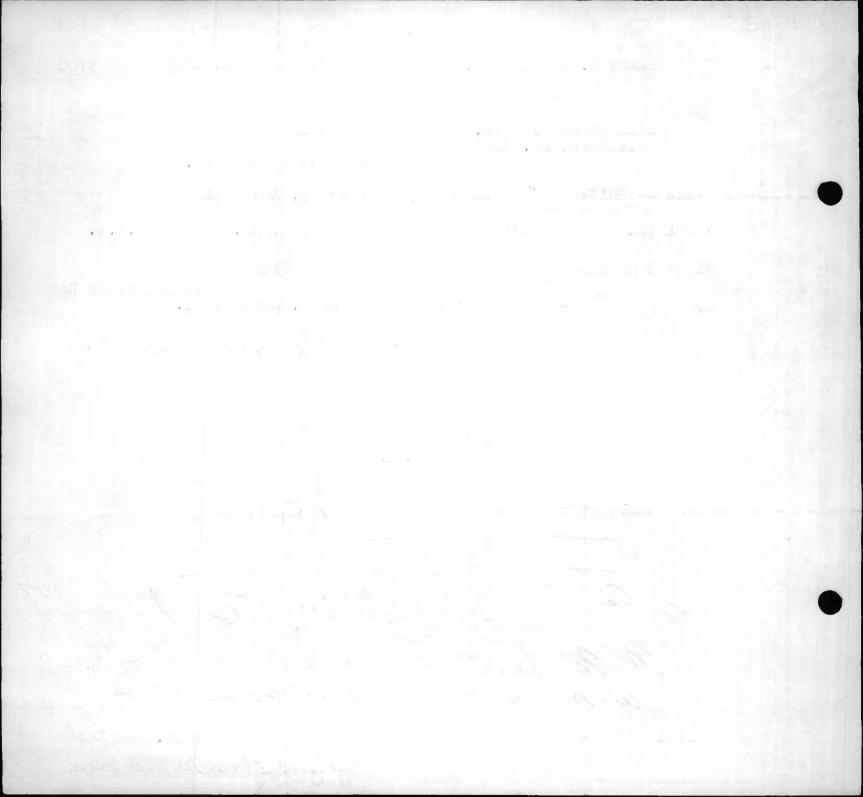
Cemetery 25c.

VS 150-REV. 1/1/65

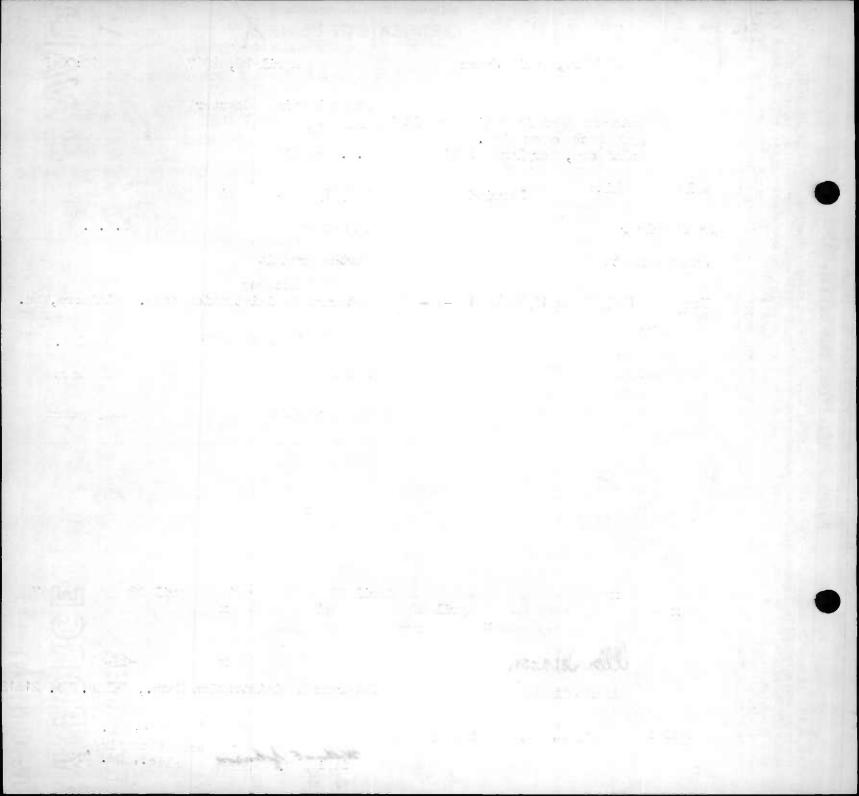
NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

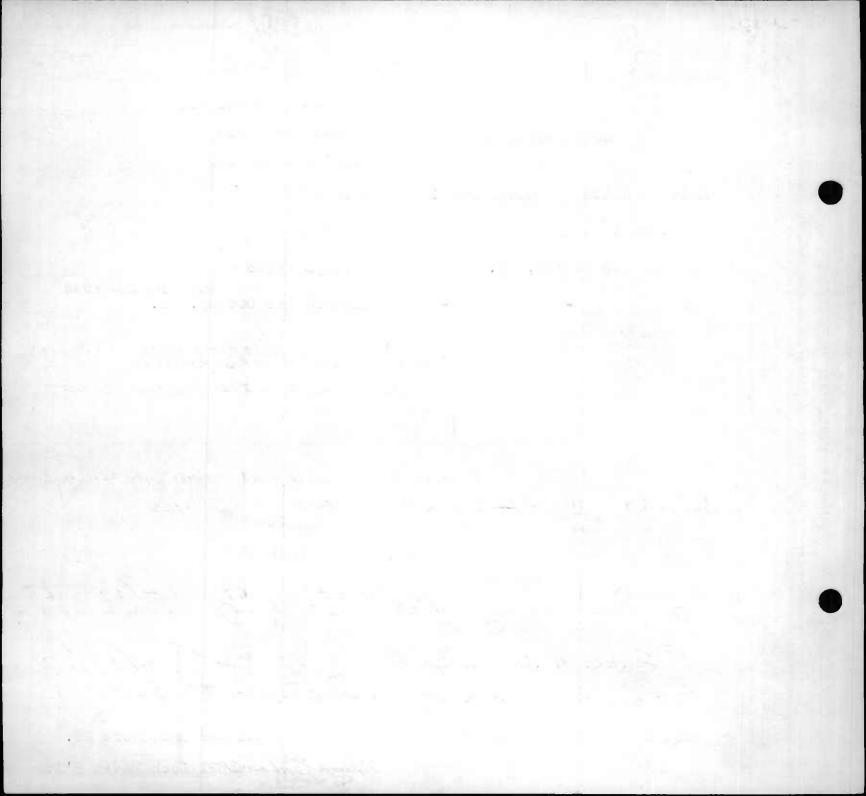
kuso 8521 Loch Raven



	BALTIMORE CITY	HEALTH DEPARTMENT	67 4361	
BIRTH NO. M.E. CASE NO. 67 4361	CERTIFICA	TE OF DEATH Registered Na.	07 4003.	
(Type or Print) BENNETT, David	James	April 28, 1967	10:00 P M.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY	stitution: residence before admission)	
FULL NAME OF (If not in hospital or instituti HOSPITAL OR address or location) INSTITUTION Veterans Administ		Pennsylvania Chester C. CITY OR TOWN (If outside city limits, write R	URAL and give township)	
3900 Loch Raven Bl	-	Avondale D. STREET ADDRESS (If rurol, give locotion)	1-05	
Baltimore, Marylar		P.O. Box 242		
Male White Man	ied, Never Married wed, divorced (specify) ried	B. DATE OF BIRTH 2/15/13 9. AGE (In years last birthday) 54	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND done during most of working life, even if retired) Truck Driver	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
James Bennett		Bertha Brummit		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT Records	ADDRESS	
Yes 12/7/42 to 12/18		Veterans Administration Ho	sp. Baltimore, Md.	
18 322.1	CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Prob	bable pulmonary embolus	5 Mins.	
(This does not mean the mode of dying,				
hearl failure, asthenio, etc. It means the diser injury or camplication which caused death.)	Malı	nutrition	2 Years	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gives to the obove cause (A) stating UNDERLYING CONDITION last.	ing Chro	onic alcoholism	Many years	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F IN CERTIFYING CAU	INDINGS CONSIDERED JSES OF DEATH?	
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, at etc.)	or about 21 C. WHERE DID (If in Baltimare	City, give exoct lacotion)	
	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
OF INJURY (APPROX.)	While At Not While Work At Work	е		
22. I certify that (N (this haspital) attende		pril 28 19 67 to Apri	1 28 19 67	
that OI (we) last saw the deceased alive	and the second s	19 67 and that in(My) (aur) apir		
and have and from the causes stated above		iew the bady after death.		
23A. SIGNATURE			23B, DATE SIGNED	
Willow Je Mon	M.D. Atte	s. Director Phys.	4-29-67	
23C. PHYSICIAN'S NAME (Type) ALLEN JOHNSON	M.D.	23D. ADDRESS Veterans Administration Hos	sp., Balto. Md. 2121	
24A. BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE		ly, tawn, or caunty) (State)	
Burial May 1,1967	Union Hill Cem	Kennett Squ		
	AE OF REGISTRAL	DECT FILLIPPAL DISCOURS DECS T	to., Md. 21204	
VS 150-REV. 1/1/65	6 7 6 0	0 1 3 6 9		

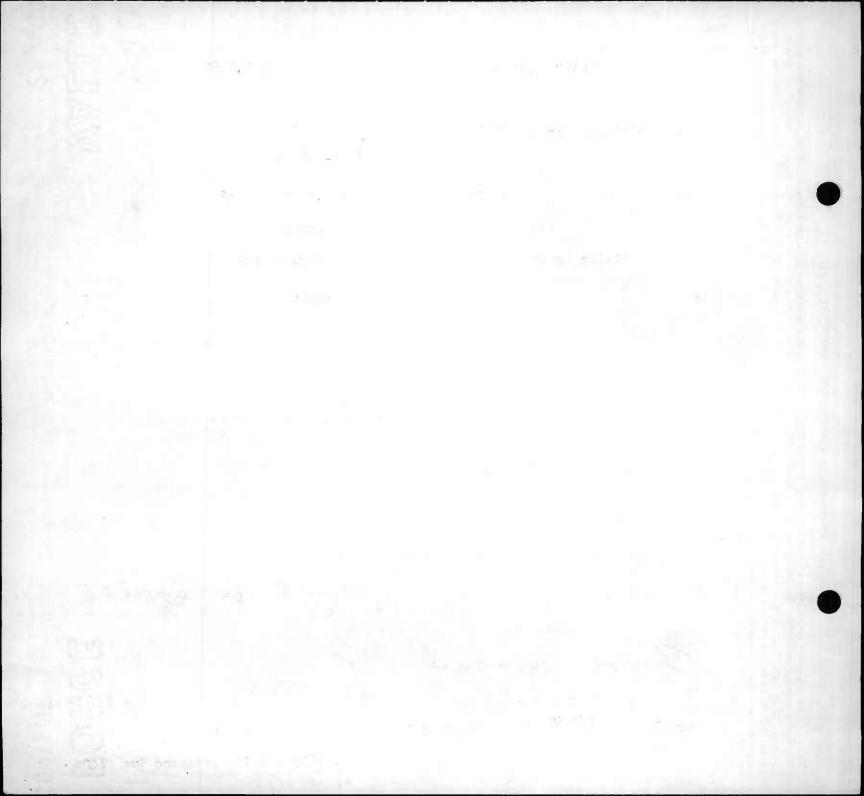


			BALTIMORE CIT	Y HEALTH DEPARTMENT	/	67 4362
BIRTH NO. M.E. CASE NO.	67 4362	2	CERTIFICA	ATE OF DEATH	Registered No.	0/ 4000
1. NAME OF DEC	EASED	0	1.	2. DATE AN	ID HOUR OF DEATH	745
/[ICHARD L		HEY, OR	4/2	1 1 1	AN
3. PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		A. STATE B. COUN	TY	institution: residence before admission
FULL NAME OF HOSPITAL OR	(If not in hospital oddress or location		re street	Maryland B	saltimore diside city limits, write	
	Mercy Ho	spital		Baltimore 2		53-00
3				1615 Yakona	rurol, give locotion) Road	
5. SEX	6. RACE		DIVORCED (specify)	1 /	9. AGE ((n years fost birthdoy)	(f Under 1 Yr. (f Under 24 Hrs Months Doys Hours Min.
Male	White	Never	married	7/29/53	13	
	UPATION (Give kind of work working (ife, even if retired)	10B. KIND OF B	SUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	dent			MARYLAND		11.5.A.
FATHER'S NAM				14. MOTHER'S MAIDEN NAM	ME	U - III.
Richard	d Lee Cocke	y, Sr.		Evelyn Beeb		
es, no or unknown	Ever in U. S. Armed For	es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	1615	Yakona Road
No	-		000	Richard Lee		
18.44.3	XI		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		III MIA	0 100 100 1 1150	34-1-15 /	1-2-1-45
(This does n	al mean the made of	dying, e.g.,	DOE TO	CARUCIS	- 12450 40	11TH 1-2 WKS
heart failure,	asthenia, etc. II means	the disease,	77753/	DE CONSPECTION OF	LIVER TS	2660
injury or con	nplication which caused	death.)	OUE	CHELMING VI	1911 1.50	TION 2 WXS
	ANTECEDENT CAUSES		DUE TO	WHENTING P	CAN MICE	7700 2 001 3
	OR CONDITIONS, if					
	e abave cause (A) G CONDITION last.	slating the	(C)			
ONDEREN	o combined tasi.					
OTHER SIGNI	II FICANT CONDITIONS O	ONTRIBUTING				1-2 wKS
TO THE D	EATH BUT NOT RELA	ATED TO THE	P. Marian	115.5816 1 10 MI	INA THE AND	WITH PULMONARY EME
19A. DATE OF	OPERATION 198. CON		HICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES. WERE	FINDINGS CONSIDERED
	WAS PER	FORMED,	DIAGNOSIS	20A. AUTOPSY? (Yes or No	IN CERTIFYING, C	AUSES OF DEATH?
21 A. ACCIDE	67 5/0			in ar obout 21 C. WHERE DID		re City, give exoct location)
OR CONTRIBL	TING CAUSE OF	home,	form, foctory, street,	office bldg., INJURY OCCUR?	tir in potimo	ne why, give exect locohon)
)	medical examiner)	etc.)				
OF INJURY	(Month) (Doy) (Year)		NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Whi(e Work	At Work			
20 1					/3	11/22 17
22. I certify	tha (this hospita	l) attended the	deceased from	4/25	1967 to	7/7/196/
thot (we)	last sow the decease	ed olive on	4/29	196 7 and the	ot in(my) (our) op	inian death accurred on the da
and haur one	d fram the causes sta	ted abave ()	(We) (did nat)	view the body after death.	0	
23A. SIGNATU						23B, DATE SIGNED
18.1	5400 81	20	M.D. A	tending Med.	Stoff	11/20/17
225 84451514	The Men	ar,	MY. Ph	ys. Director 23D. ADDRESS	Phys.	4169161
23C. PHYSICIA NAME (T	ype)	~			0	7 - 11
5.8	RUCKS (-	TERRE	P M.D	8045 WOODG	ATE UT.	BALTO, MD.
4A. BURIAL CRE		24C. NAA	AE OF CEMETERY OF C	REMATORY 24D. Le	OCATION (C	City, town, or county) (State)
	- 10 10	7 11	7 2 27	A - 3 Darel D- 3	Adm	3.4.4
BUT1a	RY HEALTH DEPT	More	land Memor	rial Park Bal		ltimore Md.
2	MAY 3 1967		Jaleun.	or on 1		
P	1001 6 1MI	Moral C		William Coping	22 B521 Lc	ch Raven B'lvo.
VS 150-REV. 1/1/	65	a sur	1 0	1 0 3 7 0		



Such |

			BALTIMORE CIT	TY HEALTH DEPARTMENT		67 4363
BIRTH NO. M.E. CASE NO.	67 436	3	CERTIFICA	ATE OF DEATH	Registered No	
Type or Print)		I. Houte			ND HOUR OF DEATH	H
PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admis
FULL NAME	OF (If not in hospital	or institution,	give street	Md B. COU	NTY	
HOSPITAL OF				C. CITY OR TOWN (If o	utside city limits, write	RURAL and give township)
So	Baltimore Gen	Hospit	al	Baltimore		25-0
43				0. STREET ADDRESS (1) 4024-8th St	frurol, give location)	
· SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
Male	W	Mar	D, DIVORCED (specify) ried	Oct 5,1903	lost birthdoy) 63	Months Days Hours M
	of working life, even if retired)	KIND O	L BOSINESS OK INDUSTI	42.0	eign country)	12. CITIZEN OF WHAT COUNTRY?
				Penna		USA
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	AME	
	Claire Hou			Bertha F	Reed	
5. Was Decease	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	wn) (If yes, give wor or dot	-5 5. 36141C6/	SECURIT NO.	Family		Same
1B.	2 2. /1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DI			1 (6	l. telan	
	LEADING TO DEATH		(A)	en gestive	nearty acc	w / year
	not mean the mode of e, asthenia, etc. It means				heart fait	
	omplication which couse		'	or nucling	males	
	ANTECEDENT CAUSES	S	(B)	11/100000		
DISEASES	OR CONDITIONS, if	ony nivina	DUE TO	10	D	
rise to	the obove couse (A)			my kysem?	Matuch.	al
UNDERLYIN	NG CONDITION lost.				askhma	3
E TO THE	NIFICANT CONDITIONS (DEATH BUT NOT REL	ATED TO TE				
	R CONDITION CAUSING			120 A	1 V 200 15 V20 11122	
E O		REPORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCID	ENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g.	, in or about 21 C. WHERE DID	(If in Baltime	ore City, give exact tocotion)
OR CONTRI	BUTING CAUSE OF	horeto	me, form, foctory, street,	office bldg., INJURY OCCUR?		,, g
OF INJURY	(Month) (Doy) (Year)	(Hour) 211	E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)			hile At Not W			
			ork	m 6-18 9	1 15 6	71-021
22. I certif	fy that (I) (this haspita	l) attended	the deceased from	2 112062	19 60 to U	Jan 26 19 6
thot (I) (we	e) last sow the deceas	ed alive an.	april	26 19 6 7 and 1	hat in (my) (our) as	pinion death occurred an the
and hour o	and from the couses sto	ted obave.	(I) (We) (qiq) (qiq pot)	view the body after deoth.		
23A. SIGNA		red obdve.	(i) (iie) (did) (did iioi)	view the body drief deom.		23B. DATE SIGNED
		1/-	A MAD A	ttending Med.	Stoff	1 - 1
B	noe	wen	Cano Pi	hys. Director	Phys.	may 2,11
23 C. PHYSIC				23D. ADDRESS		
7	~ N -	A 11.	- ^ M.E	0. 921 2	trace	· Nuz Ball
4A. BURIAL CI	REMATION, 24B. DATE	10 HU	AME of CEMETERY of C	1700 110	LOCATION (O HUE, UHITO
Burial	(Specify) 5/5/67	240.14				
DULTAL	2, 2, 0,		Cedar Hill C	em	AA Co	Md
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	MAY 3 1967	Rober	JE Jankury	McCully F I	H 237 Patap:	sco Ave 21 225
'S 150-REV. 1/1	1/65	7	5/00	0 4 3 7		
					T T	



VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMENT	

. PLACE	Print)	EDWARD BA	TIMODE	2. DATE AND HOUR OF DEATH	10 00 A
	OF DEATH	IN BALTIMORE, MAI		4. USUAL RESIDENCE (Where deceosed lived. If in	stitution: residence before admission
HOSPIT		(It not in hospital and oddress or location		MARYLAND C. CITY OR TOWN (If outside city limits, write BALTIMORE D. STREET ADDRESS (If rurol, give location)	8-00
SEX		COLORED	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify W I DOWER	8. DATE OF BIRTH 9. AGE (In years birthday) 9-1-94 72	If Under 3 Yr. If Under 24 Hr Months Doys Hours Min.
Labo	g most of work	(TION (Give kind of work king life, even it retired)	Gov! t	ISTRY 11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHE	nown			Unknown	
es, no or	unknown) (If	yes, give wor or dote:	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	3	WWI		Mildred Jones 2233	E. Biddle St.
	LE. does not	OR CONDITION DIR ADING TO DEATH mean the mode of henia, etc. It means	ECTLY (A) dying, e.g., DUE TO	Cada resp. arrest	INTERVAL BETWEEN ONSET AND DEATH
	y ar compli	TECEDENT CAUSES		menengihis	
rise	lo lhe	CONDITIONS, if above couse (A)		meuria	
		- 11			
OTH TO DISE	THE DEA	ANT CONDITIONS C TH BUT NOT RELA NOITION CAUSING I	TED TO THE		
DI SE 19A. E	THE DEAT	TH BUT NOT RELA NOTION CAUSING IT PERATION 198. CON WAS PERF	TED TO THE I. DITION FOR WHICH OPERATION	IN CERTIFYING CA	
19A.E 21A. OR C DEAT	ASE OR CO	TH BUT NOT RELA INDITION CAUSING I PERATION 198. CON	TED TO THE I. DITION FOR WHICH OPERATION ORMED 218, PLACE OF INJURY (Yes IN CERTIFYING CA	USES OF DEATH?
19A.E 21A. OR C DEAT	THE DEA' ASE OR CO DATE OF OI ACCIDENT CONTRIBUTING H (notify me	TH BUT NOT RELA NDITION CAUSING I' PERATION 19B. CON WAS PERF WAS UNDERLYING NG CAUSE OF	TED TO THE I. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (home, form, foctory, streetc.) (Hour) 21E. INJURY OCCURRED While At Not	e.g., in or obout 21 C. WHERE DID (If in Boltimore	USES OF DEATH?
19A. E 21A. OR C DEAT OF IN (A PPR	ACCIDENT CONTRIBUTIN (H (notify me NJURY ROX.)	TH BUT NOT RELA NDITION CAUSING IT PERATION 198. CON WAS PERF WAS UNDERLYING TO CAUSE OF Edicol exominer) Month) (Doy) (Yeor)	TED TO THE I. DITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (home, form, foctory, streetc.) (Hour) 21 E. INJURY OCCURRED While At	e.g., in or obout 21 C. WHERE DID (If in Boltimon NO	USES OF DEATH?) e City, give exact location)
OR CORE CORE CORE CORE CORE CORE CORE CO	ACCIDENT ONTRIBUTIN (H (notify me NJURY ROX.) certify the (1) (we) la	TH BUT NOT RELA NODITION CAUSING IT PERATION 198. CON WAS PERF WAS UNDERLYING G CAUSE OF edicol exominer) Anonth (Doy) (Year) Or (1) (this hospital st saw the decease	TED TO THE DITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (home, form, foctory, streetc.) (Hour) 21E. INJURY OCCURRED While A1 Not Work Not A1 ottended the deceosed from d alive an	e.g., in or obout 21 C. WHERE DID (If in Boltimon Poly Office bldg., INJURY OCCUR?) While Work 21F. HOW DID INJURY OCCUR?	USES OF DEATH?) e City, give exact location)
21A	ACCIDENT ONTRIBUTIN H (notify me NJURY ROX.) certify the (1) (we) la haur and fr	TH BUT NOT RELA NODITION CAUSING IT PERATION 19B. CON WAS PERF WAS UNDERLYING G CAUSE OF edicol exominer) Anoth) (Doy) (Year) Of (1) (this hospital ast saw the decease com the causes stat	TED TO THE DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (home, form, foctory, streetc.) (Hour) 21E. INJURY OCCURRED While A1 Not Not Nork Work A1 Not A1 Not	e.g., in or obout 21 C. WHERE DID (If in Boltimore et, office bldg., INJURY OCCUR? While 21 F. HOW DID INJURY OCCUR? While Work 19 61 ta	USES OF DEATH?) e City, give exoct locotion) 19 6 7
19A. E 21A. J OR C DEAT OF IN (APPR 22. I that and I 23A. S	ACCIDENT ONTRIBUTIN H (notify me TIME NJURY ROX.) certify the (1) (we) la haur and fr SIGNATURE	THE BUT NOT RELANDITION CAUSING IT PERATION 198. CON WAS PERF WAS UNDERLYING CAUSE OF Edicol exominer) Annth (Doy) (Year) Or (1) (this hospital st saw the decease from the causes stote	TED TO THE DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (home, form, foctory, streetc.) (Hour) 21E. INJURY OCCURRED While A1 Not Not Nork Work A1 Not A1 Not	e.g., in or obout 21 C. WHERE DID and the city office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? While and the control of the control	USES OF DEATH?) e City, give exoct locotion) 19 6 7

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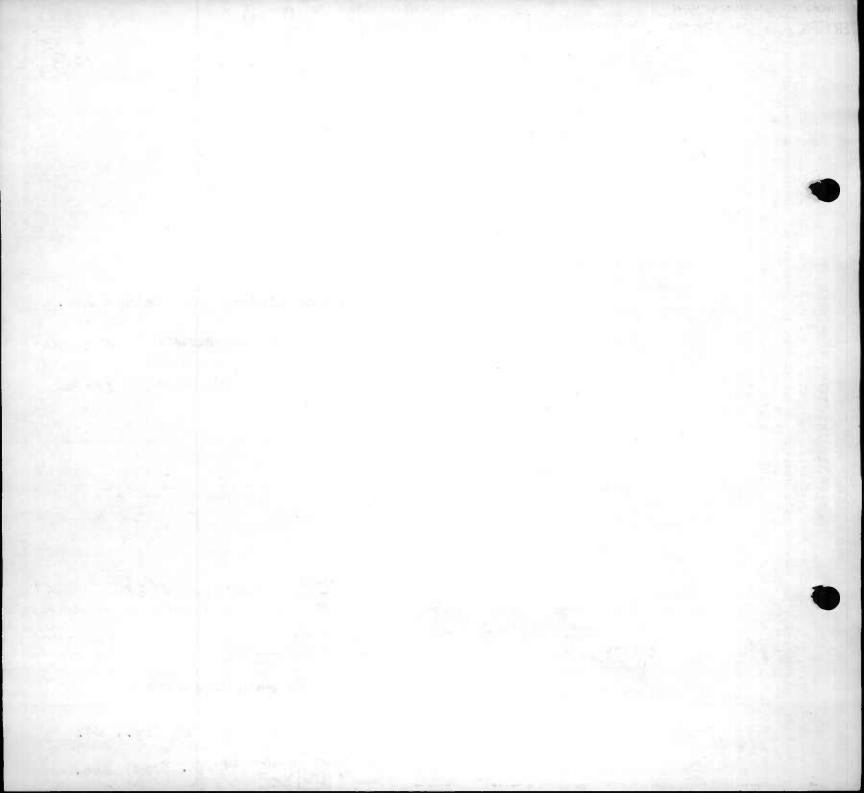
1967

M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) CROSS, JOHN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL 5. SEX 6. RACE 7. MARRIED, NEVER MARYLAND 7. MARRIED, NEVER MARYLAND 1. WIDOWED, DIVORCED	C. CITY OR TO	2. DATE AND H 4/28 SIDENCE (Where dec. 8. COUNTY DWN (If outside	B/G7 ceosed lived. If inst	67 4	365 ASM ore odmiss
(Type or Print) CROSS, JOHN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR Oddress or locotion) LUTHERAN HOSPITAL 5. SEX 6. RACE 7. MARRIED, NEVER MAR WIDOWED, DIVORCED	C. CITY OR TO	SIDENCE (Where de 8. COUNTY OWN (If outside	B/G7 ceosed lived. If inst	10 10 itution: residence before	ore odmis:
FULL NAME OF HOSPITAL OR Oddress or location) LUTHERAN HOSPITAL 6. RACE 7. MARRIED, NEVER MAR WIDOWED, DIVORCED	C. CITY OR TO	B. COUNTY OWN (If outside		itution: residence befo	ore odmis
HOSPITAL OR INSTITUTION oddress or locotion) LUTHERAN HOSPITAL 5. SEX 6. RACE 7. MARRIED, NEVER MAR WIDOWED, DIVORCED	O. STREET AD	TIMORE	city limitsit D14		
S. SEX 6. RACE 7. MARRIED, NEVER MAR WIDOWED, DIVORCED	O. STREET AD		City littles, write 80	IRAL and give towns	hip)
WIDOWED, DIVORCED		DRESS (If rural,	give locotion)	E	<i>}</i>
SEPARATE	(specify) 4/2	/01 lost	66	If Under 1 Yr. If Months Ooys Hou	Under 24 urs N
0A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS Of one during most of working life, even if refired)		VERT CO		12. CITIZEN OF WHAT COUNTS	RY?
3. FATHER'S NAME	14. MOTHERS	MAIDEN NAME		1	
John Gross Sr 5. Wos Deceosed Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes at service) 1 6. SOCIAL SECURITY				ADDRESS	
		ce Linds	ay 3301 F	Batman Av	
18.35/XI	CAUSE OF DEATH			INTERVAL B	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) CECEBRO VA	SCULAR B	EHADBALCE	1 ve	ale:
DISEASES OR CONDITIONS, if ony, giving	B ARTERIOSCL				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA	ATION 20A. AUTO	SY? (Yes or No.) 201 IN	B. IF YES, WERE FIN CERTIFYING CAUS	NDINGS CONSIDERE SES OF DEATH?	D
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN	NJURY (e.g., in or about 21C.) ory, street, office bldg., INJU	HERE DID	(If in Baltimore (City, give exoct loca	tian)
210. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCC OF INJURY (APPROX.) While AI Work	Not While At Work	OW DID INJURY	OCCUR?		
22. I certify that (I) (this haspital) attended the deceased that (I) (we) last saw the deceased alive an and hour and from the causes stated above. (I) (We) (did)	1967	and that in	to 4 (my) (aur) apini	28 an deoth accurred	19 G
23A. SIGNATURE 23C. PHYSICIAN'S	M.O. Attending Phys.	Med. Statt Oirector Phys.		4/28/6	7
FECUNDO QUEDAL			HOSPIT	- 4	

Wm

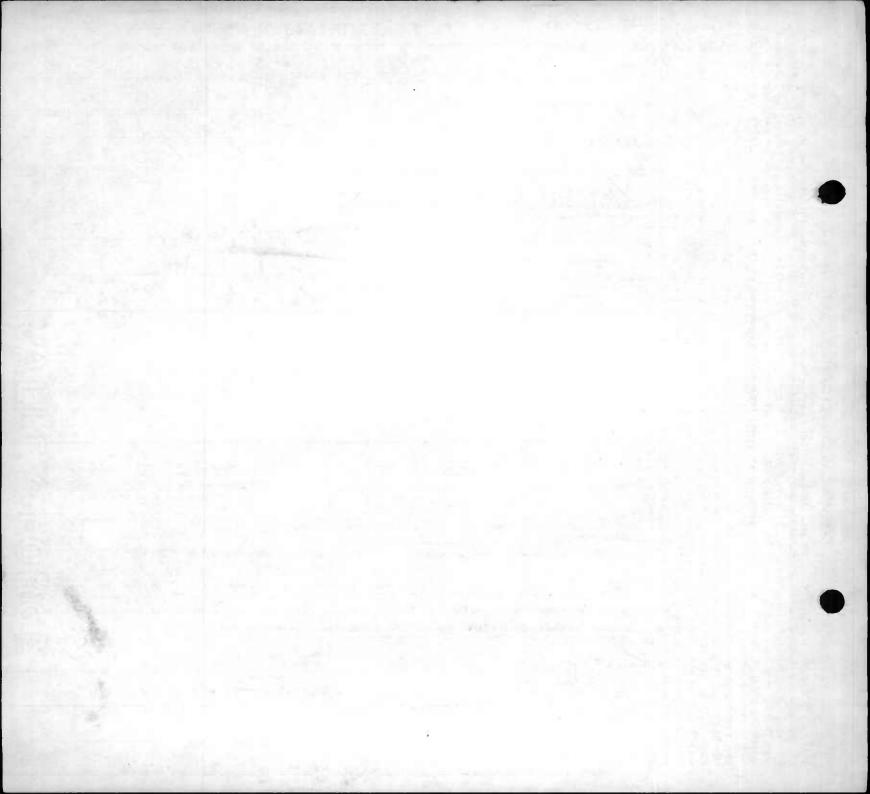
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928 E. North Ave.

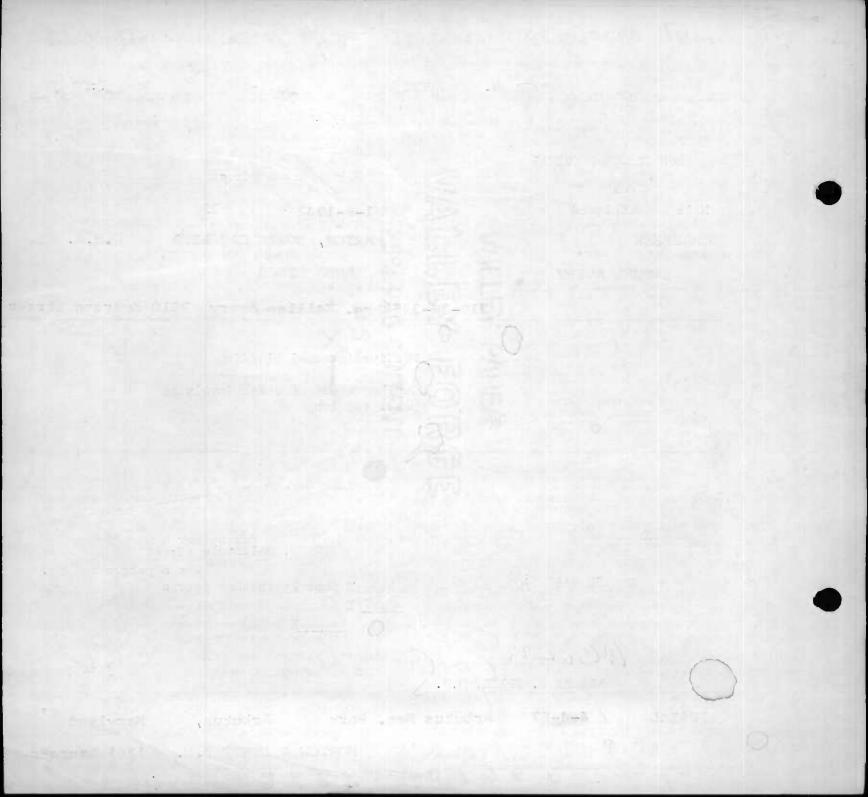


-			b	-	1	
0	l and	death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	n the	and (6) No physician was in regular attendance on the deceased prior to death. Such	
	hospita	use of	; (5) Dec	dance o	death.	
	red in a	uting ca	ed cause	ir atten	prior to	e.
	th occur	contrib	etermin	n regule	peeased	on is ma
<u>=</u>	t if deat	irect or	(4) Und	i was i	the de	ispositio
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ny kind;	except where the physician who pronounced death was in regular attendance on the	dance or	Written approval must be obtained before the remains are embalmed or final disposition is made.
: IMP	er or his	r. Also,	ture of a	ronounc	ar atten	palmed
RECTOR	examin	examine	3) A frac	who p	n regula	are em
AL DI	medical	nedical	burns; (hysician	in was i	remains
FUNER	he chief	by a n	2) Body	re the p	physicic	fore the
	red by ti	hospital	nature; (ept whe	% (9) I	ined be
	e appro	d to the	of any	tal (exc	ith); and	t be obto
	e must b	release	accident	dsoy a	or to dea	val mus
	ertificat	saw ybc	s: (1) An	was D.O.A. at a hospital (deceased prior to death);	en depro
	This c	the b	show	Was	decec	Writte

- CD A200	BALTIMORE CITY	HEALTH DEPARTMENT	-00-15	67 1366
IRTH NO. 67 4366	CERTIFICA	TE OF DEATH	Registered Na	07 3000
A.E. CASE NO. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	,,,
Type or Printing	SOIA	state 5	11117	1/1/20
PLACE OF DEATH IN BALTIMORE, MARYLAND	369	4. USUAL RESIDENCE (Where		ution; residence before admission
		A. STATE B. COUNT	Y	
FULL NAME OF (If not in hospital or institut oddress or location)	ion, give street	C. CITY OR TOWN (If outs)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
INSTITUTION	, ' _ /		ide city limits, write RUR	AL and hive lownship)
Municers ty N	penital		rol, give location)	10
y and our son fire	Spi	10000	Imond so	-) Ans
SEX 6. RACE 7. MARI	RIED. NEVER MARRIED	B. DATE OF BIRTH 9.	-,	f Under 1 Yr If Under 24 H
	WED, DIVORCED (specify)		st birthdoy	f Under 1 Yr. If Under 24 H Northsi Doys Hours Min.
1 Negroe 4	11dow	1/4/10	67	
DA, USUAL OCCUPATION (Give kind of work 108, KfN) one during most of working lile, even it retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY2
		Weens Du	COLNIE	asti.
- FATHER'S NAME		14. MOTHER'S MAIDEN NAM	5	
	-	1 3 3 3 A	Lal	-
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	LIZUEL	ADDRESS
es, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.		14. 1	047 Rn - 46
		daugh	100	biguited
18.133,81	CAUSE O		,	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		antishood	4-	ONSET AND, DEATH
LEADING TO DEATH	(A) Z =	84116 2.000.		48 M3
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise		/	1.1.	
injury ar camplication which caused death.)	P	neumonia o.	Deritoritis	
ANTECEDENT CAUSES	(B) DUE TO			
DISEASES OR CONDITIONS, if any, gi	ving			
rise to the abave cause (A) slating UNDERLYING CONDITION last.	the (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING	. 112	/	1
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE INTEST	tral ODST tu	ection 2°	to carcinoma
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION /	20 A. AUTOPSY? (Yes or No)	208. IF YES. WERE FIN	DINGS CONSIDERED COLO
4/29 WAS PERFORMED	trual obstruction		IN CERTIFYING CAUSE	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical exeminer)	home, form, factory, street, of	mice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	BY OCCIIBS	
OF INJURY	While At Not While		KI OCCOK:	
(APPROX.)	Work At Work		(m)	1. 1-
22. I certify that (1) (this hospital) attend	ed the deceased from	429 19	0/10/	19 /
that (1) (we) last saw the deceased alive	on 5/1/63	19 and that	in(my) (aur) apinio	n death accurred an the d
and haur and from the causes stated abov	A.m.			P .
23A. SIGNATURE		,	123	B. DATE SIGNED /
1 6 02	M.D. Atte	ending Med. S	toff [1-13/1/-
23C. PHYSICIAN'S	Phy	s. Director P	hy s.	0/1/01
NAME (Type)	<u> </u>		A 1/2-	to / 3
Kobert M BYB.	RS M.D.	Universi	VI DEDII	
AA. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)				
	C. NAME of CEMETERY OF CRI	MATORY 24D. LO	CATION (City,	town, or county) (State
0 - 1 - 5 11	1, 101		CATION (City,	town, or county) (State)
BURIAL 5-3-67 1	Hount Aubu		A Hu.	ADDRESS
BURIAL 5-3-67 1	Hount Aubu	rN Cem. 15	Alto.	Ma
SUCIAL 5-3-67 1	Hount Aubu	rN Cem. 15	extion (City, Altu.	Mo



BIRTH N. 6.7 4367 MEI	DICAL EXAMINER'S C	CERTIFICATE OF DEATH Register	red NG 7 4367
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCE	
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4-30-67 4. USUAL RESIDENCE (Where deceased lived. If insti	7:50 PM M.
		A. STATE Maryland	NTY
HOSPITAL OR ADDRESS OR LO	TITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write	RORAL and give township)
INSTITUTION		Baltimore	10-04
BON SECOUR HOSPI	TAL	D. STREET ADDRESS (If rurol, give locotion)	
		2510 Emerson Street	
5. SEX 6. RACE Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 1-8-1942 9. AGE (In years lost birthday) 25	If Under 1 Yr. If Under 24 Hrs. Manths, Days Hours Min.
10A. USUAL OCCUPATION (Give kind of wedge during most of working life, even if retired CHAUFFER	ark 108, KIND OF BUSINESS OR INDUSTR	MARION, NORTH CAROLINA	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	IN INCIDENCE CAS	14. MOTHER'S MAIDEN NAME	
SAMUEL AVERY		ANNA MINOR	
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown), (If yes, give war or de		17. INFORMANT	ADDRESS
		3Mrs. Zelline Avery 251	0 Emerson Stre
18.5 9 1 1	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	DIRECTLY		ONSET AND BEATH
LEADING TO DEA	of dving e.g. (A) TIGS	sive internal bleeding	
heart failure, asthenia, etc. It med injury or complication which cause	d deoth.)		
ANTECEDENT CAUS	rec .	shot wound of chest involving	5
DISEASES OR CONDITIONS, IF	ANY, GIVING (B) HEAT	rt and lung	
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	т.		
Z	(C)		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B. CO WAS P	IS CONTRIBUTING		
DISEASE OR CONDITION CAUSI		ę.	
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FIN	
	ERFORMED	IN CERTIFYING CAUS	ES OF DEATH?
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	home, form, foctory, street,	office bldg., NJURY OCCUR? Subway Bar	re exoct Jocotion)
UNDERLYING A CONTRIB- UTING CAUSE OF DEATH.	etc.) Bar	2201 W. Baltimore Stre	eet
OF INJURY	ear) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR? Was a	patron in bar.
(APPROX.) 4 30 6	7 PM m. WHILE AT NOT	work Shot by another patror	1
22. I certify that I held an	Inquiry Inspection Au	stapsy X and that on this basis, death In m	y apinian
resulted fram: Natural o		de Hamicide X Undetermined manne	
1		CHIEF MEDICAL EXAMINER	
SIGNATURE WENT	en 4.75	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
EXAMINER'S	U. SPITZ, M.D.	ASSOCIATE MEDICAL EXAMINER	5-1-67
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	239 NAME of CEMETERY	or CREMATORY 23D. LOCATION (City,	town, or county) (Stote)
BURIAL / 5-4	-67 Arbutus Men	a. Park Arbutus.	Narvland
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
MAY 3 1967	Robert E. Farkyna	MORTON & DYETT F.H.	1701 Laurens



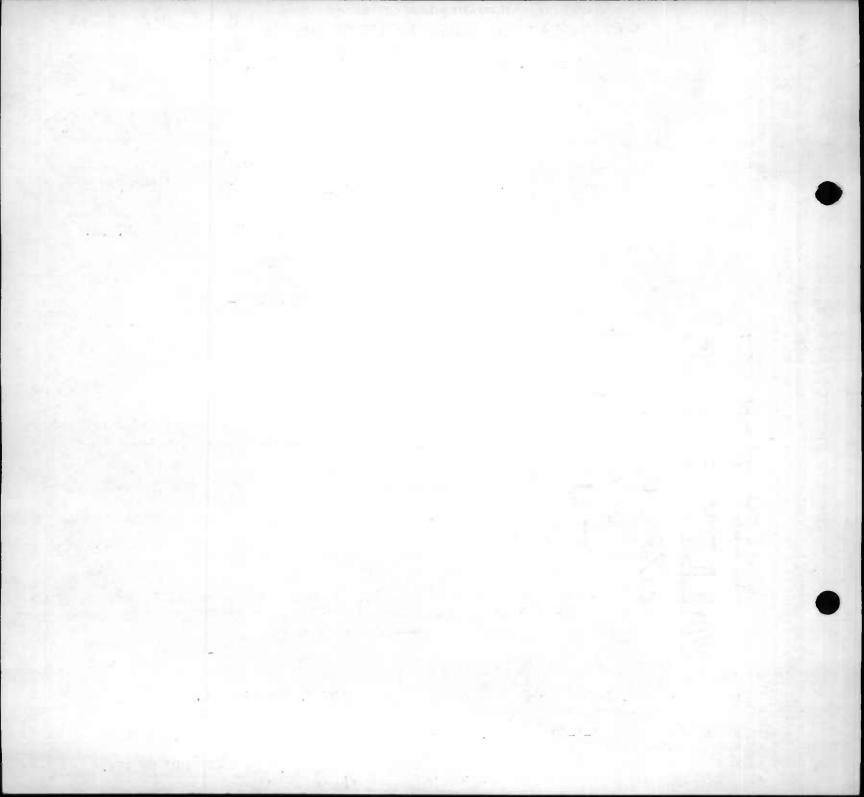
VS 150-REV. 1/1/65

Such

prior to death.

	OF 4000	10-	BALTIMORE CITY	HEALTH DEPARTMENT		67 4368
BIRTH NO. M.E. CASE NO.	67 4368		CERTIFICA	TE OF DEATH	Registered Na.	07 1000
Type or Print)		B. JONES			AND HOUR OF DEATH	
PLACE OF DEA	TH IN BALTIMORE, MARY		,	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admissio
FULL NAME OF	F (If not in hospital or	institution give	Street	A. STATE B. CO	YINUC	
HOSPITAL OR	oddress or locotion)	monon, give	311001	C. CITY OR TOWN (III) BALTIMORE	outside city limits, write	RURAL and give township
00	800 GEORGE S	TRISET		D. STREET ADDRESS 800 GEORGE	(If rural, give location)	
FEMALE	6. RACE 7.	MARRIED, NE	VER MARRIED LY RCED (specify)	7-19-1906	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	PATION (Give kind of work 1) vorking life, even if retired)	B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWI	CFE			BALTIMORE,		U.S.A.
3. FATHERS NAM				14. MOTHER'S MAIDEN		
	LAS BIDDLE			EMMA THOMA	IS	
Yes, no or unknown)	Ever in U. S. Armed Force (If yes, give wor or dotes	of service)	SOCIAL SECURITY NO.	17. INFORMANT	Anna dee an	ADDRESS
NO				RANDOLPH JC	NES - 800 GE	ORGE STREET
(This does not heart failure, injury ar complete of the DISEASES Orise to the	LEADING TO DEATH of meon the mode of do osthenio, etc. If meons the plicotion which coused do INTECEDENT CAUSES R CONDITIONS, if on obove couse (A) so CONDITION lost.	ne diseose, eolh.) y, giving	(B) DUE TO	Hypert.	go play	3 days 2-3 years
TO THE DE DISEASE OR OF 19A. DATE OF 21A. ACCIDEN	CONDITIONS COLOR TO THE BUT NOT RELATION OF RELATION CAUSING IT. OPERATION 198. CONDI WAS PERFORMED TO THE BUT NOT THE BUT NO	TION FOR WHI	ACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exoct locotion)
DEATH (notify	medical examiner	etc.)	onn, locioty, silees, o	mee sings, masoki occor		
21D. TIME OF INJURY IAPPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. IN. While / Work	At Work	le 🗀	INJURY OCCUR?	
22. I certify	that (I) (this hospital)			1 Jul 30	1967 to U1	1
and haur and 23A. SIGNATUI 23C. PHYSICIAI NAME (Ty	cu. L. Loy	d abave. (1) (V		ending Med.	Stoff Phys.	238. DATE SIGNED
	AATION, 248. DATE	•	e of CEMETERY or CR			City, town, or county) (State
BURIAL	5-6-67	MT.	AUBURN		BALTIMORE.	MARYLAND
DEA DATE BECED	BY HEALTH BERT	CD 11444 CC 0	FOICTOAD	DAG FILLIANDAL DISCO		ADDRESS

802 MADISON AVE.



	by the chief medical examiner or his assistant if death occurred in a hosp	iital by a medical examiner. Also, if the direct ar contributing cause	re; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) I	where the physician who pronounced death was in regular attendance	Na physician was in regular attendance on the deceased prior to dea	
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	CUL	rib	nin	gold	ed	-
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	ath	75	de	Ξ.	dec	
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2	ISSI	++	yk	P	anc	. 7
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Σ	or h	AIS	6 0	JOU	atte	-
	9	- C	ctur	ror	ar	
0	m.	nin	fra	0	gul	-
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RA B	E	mec	bu	phy	an	
FUNERAL DIRECTOR: IMPORTANT	hie	0	(pog	he	Sici	
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	/ th	tal) 'a	her	207	
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VS 150-REV. 1/1/65

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of death Deceased

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print)
MILLER J. LEE 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY A. STATE Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL give township BALTIMORE HOSPITAL THERAN D. STREET ADDRESS (If rural, give lacation) 2311 MONTICELLO Rd 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy) MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Steel Mill Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Turner Lee Charlotte Miller 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Yes WW II 212-12-1162 Mary E. Lee - 2311 Monticello Rd. CAUSE OF DEATH INTERVAL BETWEEN 9 .3 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ARTERIAL CEREBRAL HEMORRHAGE LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ARTERIOSCLEROSIS YEARS ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Bultimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19 6 that (1) (we) lost saw the deceased olive on..... ...ond that in (my) (our) opinion death occurred on the date and haur ond from the couses stated above. (1) (We) (did) (did not) view the bady ofter death. 23A. SIGN ATURE 23 B, DATE SIGNED Attending Med. M.D. Phys. approval Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) HOSPITAL LOTHERAN FERNANDO QUERAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Baltimore, Maryland ADDRESS 5-6-67 Arbutus Memorial Park 25C, FUNERAL DIRECTOR AD Charles R. Law 802 Madison Ave. 25B. NAME OF REGISERAR DEUMA 25A. DATE REC'D BY HEALTH DEPT.

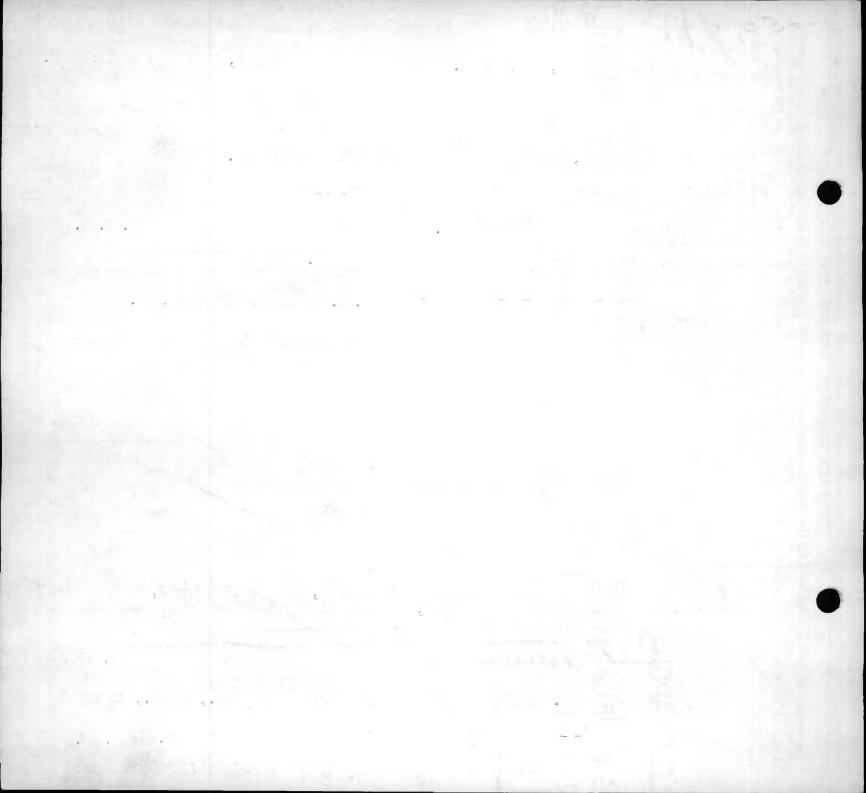
CERTIFICATE DE DEALER

BIRTH NO.

M.E. CASE NO.

VS 150-REV. 1/1/65

BALTIMORE CITY	HEALTH DEPARTMENT	67 4370
CERTIFICA	TE OF DEATH Registered N	0. 1070
	2. Date and hour of dear May 2, 1967	11:30 P. M.
	4. USUAL RESIDENCE (Where deceosed lived. I A. STATE B. COUNTY	f institution: residence before odmission)
eet	Maryland Baltimore	# H
Hospital	C. CITY OR TOWN (If autside city limits, wri	te RURAL and give township
d	Baltimore D. STREET ADDRESS (If rurol, give locotion)	4636
.8	6119 Cardiff Ave.	
R MARRIED DRCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 11-10-18 48	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Co.	Maryland	U. S. A.
	14. MOTHER'S MAIDEN NAME	
	Mary F. Berger	
CIAL	17. INFORMANT Records	ADDRESS
2-10-8155	V. A. Hospital, Baltimor	re. Md. 21218
CAUSE O		INTERVAL BETWEEN
D1.	nonant Tubanan acta	ONSET AND DEATH
(A) DUE TO	nonary Tuberculosis	5 years
00110		
(B)		
DUE TO		
(C)		
Dı	odenal Ulcer	
OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
E OF INJURY (e.g., in a, foctory, street, of		more City, give exoct locotion)
RY OCCURRED	21F. HOW DID INJURY OCCUR?	
Not While	e	
	bruary 2, 19 67 to Ma	у 2. 1967,
Vay 2,	19.67 and that in (aur)	apinian death accurred on the date
(qiq) Jaka Jaka	riew the bady after death.	23 B. DATE SIGNED
M.D. Atte	ending Med. Stoff Phys.	May 3, 1967
Phy	23D. ADDRESS	11dy), 1/0;
M.D.	VA Hospital	31 07 07 0
CEMETERY OF CRE	3900 Loch Raven Blvd., Banatory 24D. Location	(City, town, or county) (Stote)
41		
ore Nationa	25C. FUNERAL DIRECTOR	ve. Batto ADDRESS
FARMAN -	Cemetery Fre erick A 25c. FUNERAL DIRECTOR Inc 16	in Hale.
- 1	1 3 . 1 Berry 10	Al St



(0)	allington D	. ()	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	
BIKIH NO.	0, 40,	1	CERTIFICA	ATE OF DEATH	Registered No	67 4371
1. NAME OF	DECEASED				ID HOUR OF DEATH	
(Type or Print)	Timothy Wayn	e Kruer			May 2, 196'	7 2:30 P N
FULL NAM	OR oddress or locoti	l or institution, g	rive street	A. STATE B. COUN	ITY	utitution; residence before admission)
IIS Pub	lic Health Ser	vice Hoes	ni+el	C. CITY OR TOWN (IF our	,	11-48
	c. Drive & 31s		p1 001	613 Hamlin St	rurol, give locotion)	5 NE
5. SEX M	6. RACE W	7. MARRIED, WIDOWED Chi.	NEVER MARRIED DIVORCED (specify)	1/12/65	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most	CCUPATION (Give kind of wo t of working life, even if retired)	rk 108, KIND OF	BUSINESS OR INDUSTR	DC	gn country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S	Melvin Kruer			Diana Licktei		
15. Was Decea (Yes, no or unkno	sed Ever in U. S. Armed Fo own) (If yes, give wor or do	prces? tes of service)	1 6. SOCIAL SECURITY NO. NONE	17. INFORMANT Records- US F	HS Hospital	Address Balto Md
1B. 2 0	431		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION D		Acr	ite passive conge	Days	
heart failu	s not mean the mode a tre, osthenia, etc. It mean complication which cause	f dying, e.g., s the diseose,	DUE TO			
	ANTECEDENT CAUSES (B) DUE TO			ite lymphatic leu	kemia	10 mos.
rise lo	OR CONDITIONS, if the obave cause (A) ING CONDITION last.					***************************************
E TO THE	II GNIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO THE			-	
	OF OPERATION 198. CO		HICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR CONTI	DENT WAS UNDERLYING RIBUTING CAUSE OF		PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21D. TIME OF INJURY	(Month) (Doy) (Yeor		INJURY OCCURRED Part Not What Work		URY OCCUR?	
22. 1 cert	ify that (V) (this haspite we) lost sow the deceas	ol) ottended th	e deceased from	Mar. 24	19 67: 10 May	7 2 19 67
ond hour	ond from the couses ste	oted obove. (1)	(We) (did) (did hob)	view the body ofter death.	, , , , , , , , , , , , , , , , , ,	
23A. SIGN		20				238, DATE SIGNED
23 C. PHYSI NAMI	CHARLES G. F.	eleza	M.D. At	tending Med. ys. Director	Stoff Phys.	5/3/67
Mic	hael E. Pelcza					l.
_	L (Specify)		ME of CEMETERY of CE	REMATORY 24D. LO	OCATION (Cit	y, town, or county) (State)
Bur		St 25B. NAME O	. John's		tarlight, In	
ZJA, DATE KE	MAY 4 1967	12/ 10 11	E. Falley M. W.	Wm . Cook - Brook		imore, Md. 21202
VS 150-REV. 1.	/1/65	3	W. S.			

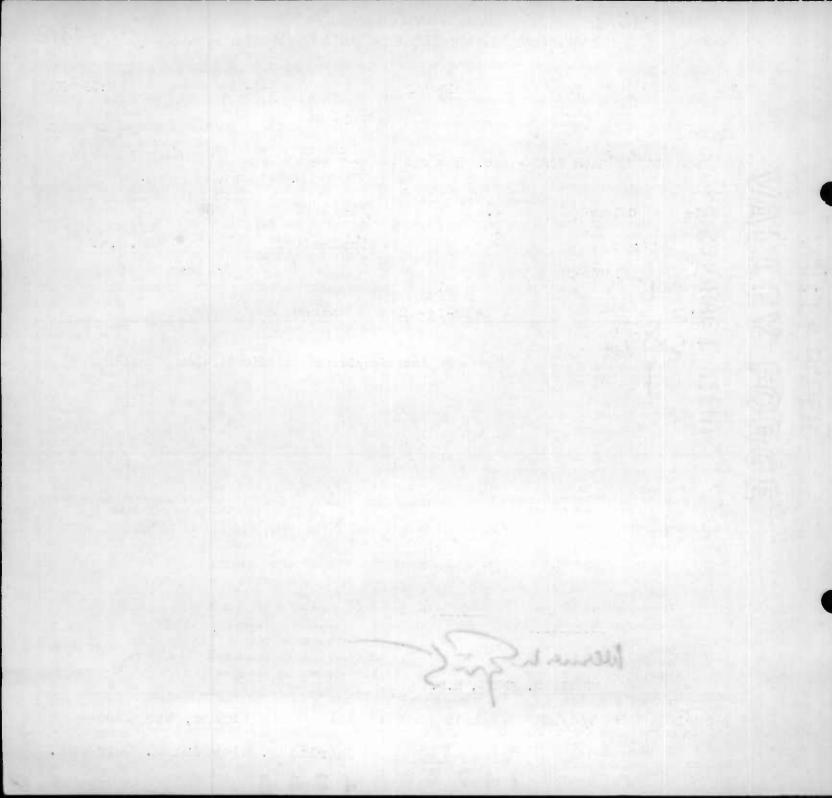
... 이는 15 전략 모든 일(간, 152w, 50. Michael a Pelegar Michael E. Deloure, il mar [17]

1 67 4372

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4372

M.	E. CASE NO.							
1. (Ťy	NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD					
1	PAT	AMBROSE		5-1-67	2:15 PM M.			
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDE A. STATE Maryland	В. (institution: residence before odmission) COUNTY			
THO	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)			write RURAL and give township)			
	2800 REISTERSTOWN RO	DAD - Amb. Crew #14	Baltimor D. STREET ADDRE	e SS (If rurol, give lacation)	13-03			
16)		2800 Rei	sterstown Road	- Apt. #7			
5.	SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In ye lost birthday)				
	Male Golored LUSUAL OCCUPATION (Give kind of world)	W .	6/14/190		12. CITIZEN OF			
	e during most of working life, even if retired)	TOW MIND OF BUSINESS ON INDUSTRI	Mississ		WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHER'S MA	4				
	Unknown			Unkno	wn			
	WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT		ADDRESS			
1 .	Yes WWII	438-14-52	34 Reco	rds				
	1B. 42211	CAUS	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DI							
	LEADING TO DEATH	dving e.g. (A) Arte	rioscleroti	c cardiovascula	r disease			
	heart foiluse, astherra, etc. It means injury or camplication which coused	deoth.)						
	The state of the s	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE							
z	UNDERLYING CONDITION LAST.	(C)						
5	II							
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	LATED TO THE	0001 000 000000 1 000 00 00 00 00 00 00					
O		IDITION FOR WHICH OPERATION		(Yes or No) 208, IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?			
MEDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)	, in or obout 21C, WI office bldg., INJURY	HERE DID (If in Baltimore City OCCUR?	, give exoct locotion)			
ME	21D TIME (Month) (Day) (Yeor	f) (Hour) 21E INJURY OCCURRED	21F. HO	W DID INJURY OCCUR?				
	OF INJURY (APPROX.)	WHILE AT NOT	WHILE					
	22. I certify that I held on I	nquiry Inspection X A	utopsy ond	that on this bosis, deoth i	in my opinion			
	resulted from: Natural co	uses X Accident Suici	de Hamicid	e Undetermined mo	onner 🗌			
	ACTUAL 1.10.	16/1		DICAL EXAMINER	DATE SIGNED			
	SIGNATURE WALL	· h. Z ~ (M.)		DICAL EXAMINER X	5-2-67			
	EXAMINER'S NAME (Type) WERNER	U. SPITZ, M.B.	ASSOCIATE ME	DICAL EXAMINER	5-2-07			
23/	BURIAL CREMATION, 238 DATE	23C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City, town, or county) (State)			
	Burial 5/5/6	Baltimore N	ational	Baltimore,	Maryland			
24	MAY 4 1967	24B, NAME OF REGISTRAR	24C. FUNERAL		ADDRESS			
	1001	Robert E. Farley M.	Charl	es A. Rice 66	1 W. Barre St.			
VS	151-REV. 1/1/65	196700	9 4 3	0 0				



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD MARY I. LOCKLEAR 4-30-67 10:15 AM M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Baltimore CHURCH HOME AND HOSPITAL D. STREET ADDRESS (If rurol, give location) 20 S. Chester Street B. DATE OF BIRTH 7. MARRIED, NEVER MARRIED 9. AGE (In years 'American If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) lost birthday Months Doys | Hours Min. Female Indian June 7, 1960 6 Indian Single June (, Lyou | 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 2. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Student 13, FATHER'S NAME Baltimore, Maryland Clyde L. Locklear Mary Postanowicz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mrs. Mary Locklear 20 S. Chester Street 1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of head (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. DUE TO injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION | 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. etc.) House 2209 E. Baltimore Street - 3rd floor 21D TIME (Month) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Doy) (Yeor) 5:25 PM m. WORK OF INJURY (APPROX.) NOT WHILE WHILE AT 167 Shot in head 22. Autopsy X I certify that I held an Inquiry Inspection ond that on this bosis, death in my opinion resulted from: Notural causes Accident Suicide Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. 5-1-67 EXAMINER'S ASSOCIATE MEDICAL EXAMINER WERNER U. SPITZX NAME (Type) M.D. 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) May 2-1967

Burial

Holy Rosary

Baltimore County, Maryland

24A. DATE REC'D BY HEALTH DEPT.

24B, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR Lilly & Zeiler Inc.

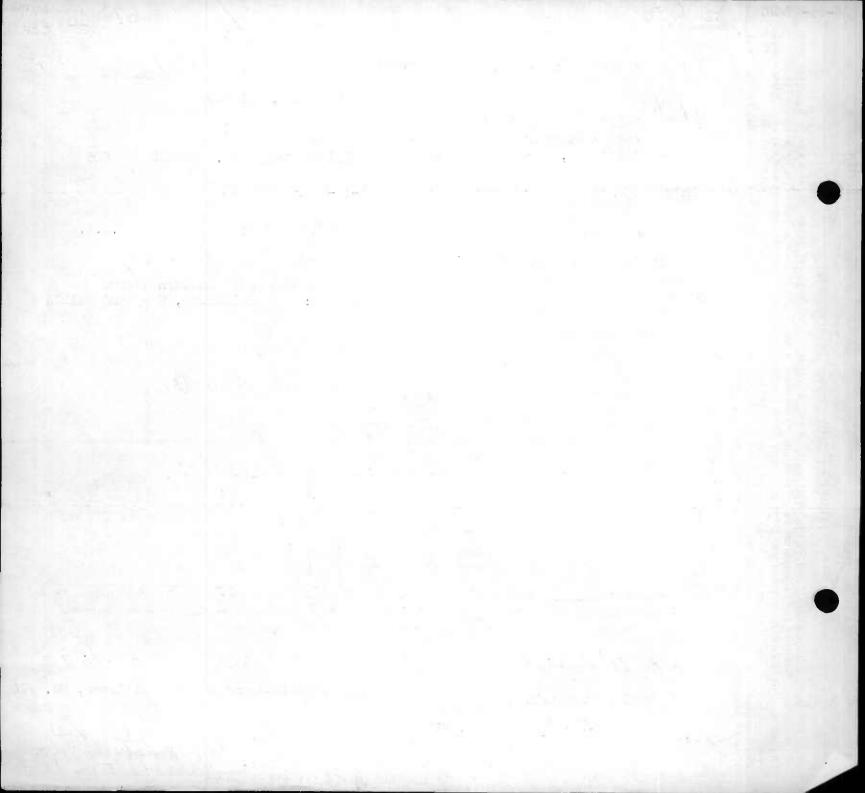
1901-07 Eastern Ave.

VS 151-REV. 1/1/65

The state of the s partering a remain and a second DESCRIPTION OF THE PROPERTY OF

P-235	BALTIMORE CITY HE. BIRTH NO. 4374 MEDICAL EXAMINER'S C	ALTH DEPARTMENT 67 4374 CERTIFICATE OF DEATH Registered No.				
1-900	M.E. CASE NO.					
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD					
	WILLIAM E. POSTANOWICZ 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, if institution; residence before admission) A. STATE B. COUNTY				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write, RURAL ondereve township)				
	GG Church Home Hospital (DOA)	Baltimore D. STREET ADDRESS (If rurol, give locotion) 2209 E. Baltimore Street				
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	IB. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.				
	Male White Widowed, DIVORCED(specify)	Sept. 16. 1948 lost birthdoy Months Doys Hours Min.				
i pin e	IOA. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUST done during most of working life, even if telired) Student	RY 11. SIRTHPLACE (Sible or foreign country) Baltimore. Maryland				
	Walter Postanowicz	14. MOTHER'S MAIDEN NAME Ida Cymek				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) NO 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
		Mrs. Ida Sizemore 2209 E. Baltimore Street SE OF DEATH				
	LEADING TO DEATH (A) trus	cact gunshot wound of anterior ak with perforations of heart, Liver and aorta				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	, in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 2209 E. Baltimore St.				
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURREN	21F. HOW DID INJURY OCCUR? T WHILE E Shot self				
	22	utopsy and that on this basis, death in my apinion				
	MA A C C -A	CHIEF MEDICAL EXAMINER DATE SIGNED				
	SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER April 28, 1967				
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)				
	Burial 5-2-1967 Holy Rosary 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	Baltimore County, Maryland 24C. FUNERAL DIRECTOR ADDRESS				
	MAY 4 1987 P. B. E. Falleyna	Lilly & Zeiler Inc. 1901-07 Eastern Ave.				
	VS 151-REV. 1/1/65 N 8 7 9 9 6 7 0	0 4 3 8 2				

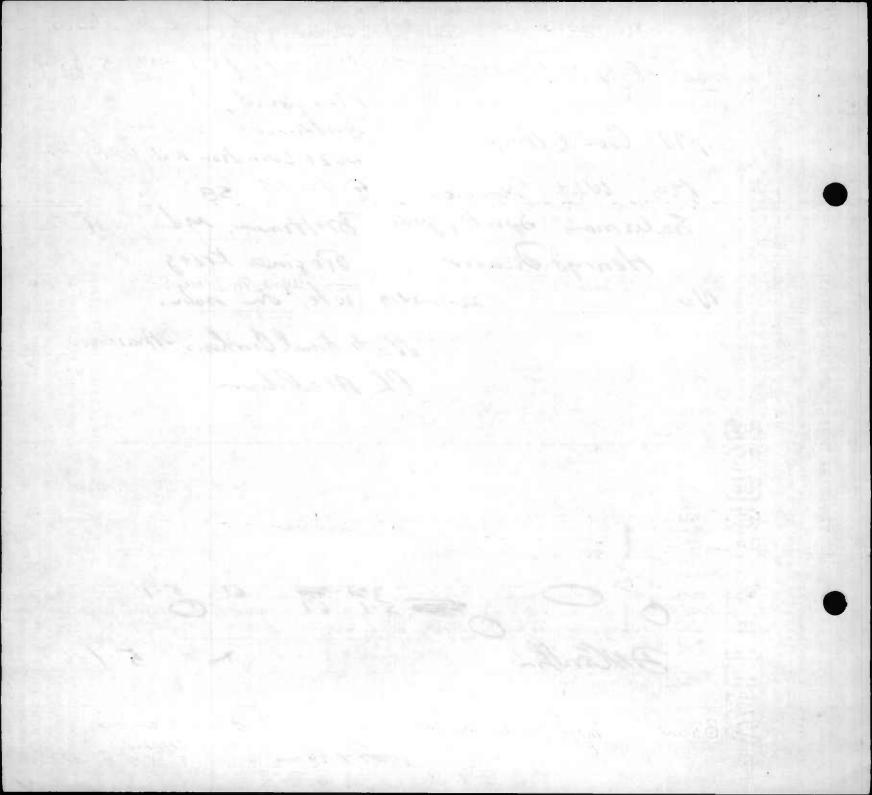
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

077-0

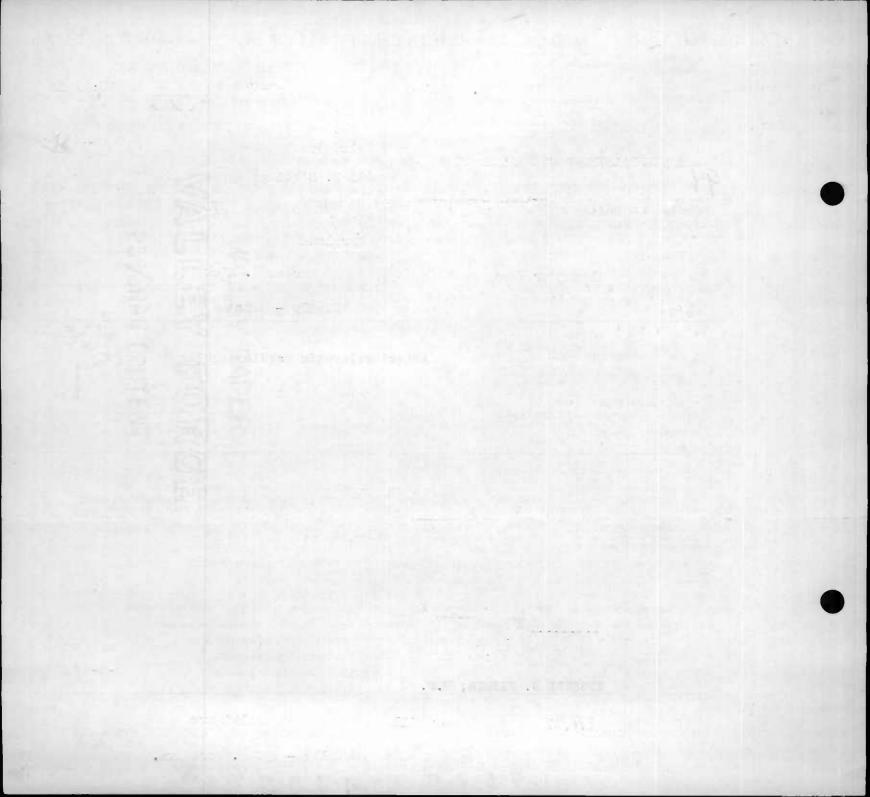
6.3556	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	CITY ENTER
MRTH NO. 67 4376 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	6/ 43/6
1. NAME OF DECEASED (Type of Print) JOSEP L 2	eurer Joseph	P. DAURR S DATE AN	HOUR OF DEATH	64 5.30 A.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Where		itution: residence before odmission)
FULL NAME OF (If not in hospital or ins oddress or location)	titution, give street	C. CITY OR TOWN (If out	side city limits write RI	JRAL ond give township)
INSTITUTION C IN LI	1	Baltimor	re 2/2	34 53000
My Genil H	حرده	,	ural, give location) ndsor Ro	1, Parkvelle
	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify) ARRIED	B. DATE OF BIRTH 8	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, I done during most of working life, even if refired)	puting poods	BA/Am	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Henry J. J	aurer	14. MOTHERS MAIDEN NAM	E Kries	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of s	ervice) 16. SOCIAL SECURITY NO. 2/6-10-2409	17. INFORMANT ragnes	m. Dauer	- ADDRESS 5 Comp
18. 4 8 / /	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y	to boul o		masaca
(This does not mean the mode of dying heart foilure, asthemia, etc. It means the configury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	(B) DUE TO	L. Alcoholis	· · · · · · · · · · · · · · · · · · ·	
rise to the obove couse (A) state UNDERLYING CONDITION lost.	ng the (C)	BANGO DO DO DO BARGO DO BARGO DO BARGO DA BARGO		\mathbf{x}
OTHER SIGNIFICANT CONDITIONS CONTE TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
ZTA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 & PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID Strice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	While At Work At Work		JRY OCCUR?	63
22. I certify that (I) (this haspital) atte	ended the deceased from	3 24 - 3 1	967 ta 5.	1927.
that (1) (we) ast saw the deceased ali	ve an S	-/ 19 6 7 and the	t in (my) (aur) op ni	an death accurred an the date
and haur and fram the causes stated a	pave (I) (We) (did) (did nat)	view the bady after death.		D. D. A.E.C. CLOSLED
23A. SIGNATURE	M.D. At	ending Med.	Stoff Phys.	5-1-67
23C. PHYSICIAN'S NAME (Type)	M.D.	23 D. ADDRESS		
Burnel CREMATION, 248. DATE Fri - REMOVAL (Specify) May 5-1967	Cedar Hill	Den 240. 10	offly a Q (town, or county) (State)
	NAME OF REGISTRAR	25C FUNERAL DIRECTOR	RTIS E. EVA	INS ST 2/230
VS 150-REV. 1/1/65	9 6 7 6 9	1 4 3 6 4		



BALTIMORE CITY HEALTH DEPARTMENT

67	437	7

DIKITI-140.	HO// MED	ICAL E	XAMINER'S C	ERTIFIC	ATE OF	DEATH Registe	red No. 43//
M.E. CASE NO.	CEASED				TO DATE AS	ID HOUR PRONOUNCE	ED DEAD
(Type or Print)							
3. PLACE IN BAL	TIMORE, MARYLAND, W	ELEN HERE PRONC	E. WELCH	4. USUAL I A. STATE Mary 1			10:35 PM Notation: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET		TOWN (If outside	de corporate limits, write	RURAL and give township)
43 SOUT	H BALTIMORE G	ENERAL	HOSPITAL -DOA	D. STREET	DDRESS (If rurol		21230
5. SEX	6. RACE	7. MARRIED	D, NEVER MARRIED	B. DATE OF		9. AGE (In years	If Under 1 Yr. If Under 24 H
Female	White		DIVORCED (specify)	II/24	/Tam	last birthday)	Manths Days Haurs Min.
IOA. USUAL OCC	UPATION (Give kind of work working life, even if retired)	1	OF BUSINESS OR INDUSTR		CE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM					S MAIDEN NAM	I E	
	Alexand	er Your	าฮ		Martha	J. Mick	
	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMA			ADDRESS
Yes, no or unknowr NO	(If yes, give wor or date	s of service)	SECURITY NO.	F	amily - S	Same	
18. // つ	21.		CAUSE	OF DEATH			INTERVAL BETWEEN
RISE TO THE UN DERLY!	OR CONDITIONS, IF A LE ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REIR CONDITION CAUSING	CONTRIBUT	(C)				
19A. DATE OF	F OPERATION 198. CON		WHICH OPERATION	20A. AUT	DPSY? (Yes at Na)	20B. IF YES, WERE FIN	
0	AAW2 LEK	FORMED			No	IN CERTIFYING CAUS	SES OF DEATH?
UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. ham etc.	PLACE OF INJURY (e.g., ne, form, factory, street,	in ar about 21 office bldg., IN	C. WHERE DID JURY OCCUR?	(If in Boltimare City, gi	ve exact lacation)
21D TIME OF INJURY (APPROX.)	(Month) (Day) (Year		21E. INJURY OCCURRED WHILE AT NOT NOT AT W	WHILE	F, HOW DID INJ	URY OCCUR?	
22.	tify that I held an I	nauiry 🗆	Inspection X Au	opsy	and that an th	is basis, death in m	v opinlon
	Ited from: Natural car	-					
resu	ned from: Naturol Cal	7	Accident Suicid	_		Undetermined manne	
ACTUA		Mu	ther MD		F MEDICAL EX		DATE SIGNED
EXAMIN NAME (IER'S	S. FI	SHER, M.D.	•	E MEDICAL E		5-3-67
23A, BURIAL CRE	MATION, 23B. DATE		3C. NAME OF CEMETERY	CREMATOR	Y 23D. L	OCATION (City,	tawn, or county) (State)
REMOVAL ISpecif	5/6/67	7	Cedar Hill		1	Baltimore	
	BY HEALTH DEPT.		E OF REGISTRAR	24C. FU	NERAL DIRECTOR		ADDRESS
	MAY 4 1967	Re.	Jo E. Falley M.	McC	111y - I30	O E. Fort Av	e.
VS 151-REV. 1/1/	65	1 9	6700	0 4	3 8 6		444



BALTIMORE CITY HEALTH DEPARTMENT 4378 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No BIRTH NOT M.E. CASE NO. I. NAME OF DECEASED 2 DATE AND HOUR PRONOUNCED DEAD (Type or Print) 5-2-67 10:15 AM M WILLIAM A. YOUNG 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore ST. AGNES HOSPITAL - DOA D. STREET ADDRESS (If rurol, give location) 2683 Wilkens Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 65 Widower Male White Jan. 14, 1902 10A, USUAL OCCUPATION (Give kind of work) 0B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Baltimore. Md. Attendant Hospital 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Antonia Kasper Vincent Juskelis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17. INFORMANT 16. SOCIAL (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO 216-07-8944 Miss Victoria Jushelis. 5249 St. Charles Ave. about 1920 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic and hypertensive (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or complication which caused death.) PWKTO cardiovascular disease ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ON 41 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, office bldg, INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 121E. INJURY OCCURRED 21 D TIME (Month) (Doy) (Yeor) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK 22. I certify that I held on Inquiry . Inspection X Autopsy and that on this bosis, death in my opinian

Accident

248, NAME OF REGISTRAR

WERNER U. SPITZ, M.D.

Suicide

M.D.

23C. NAME of CEMETERY of CREMATORY

Holy Redeemer Cemetery

Undetermined monner

Baltimore, Md.

DATE SIGNED

(Stote)

5-2-67

(City, town, or county)

Jemmon 4611 Park Heights Ave.

CHIEF MEDICAL EXAMINER

23 D. LOCATION

ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER

resulted fram: Notural couses X

23B. DATE

5/6/67

ACTUAL

23A, BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV, 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type)

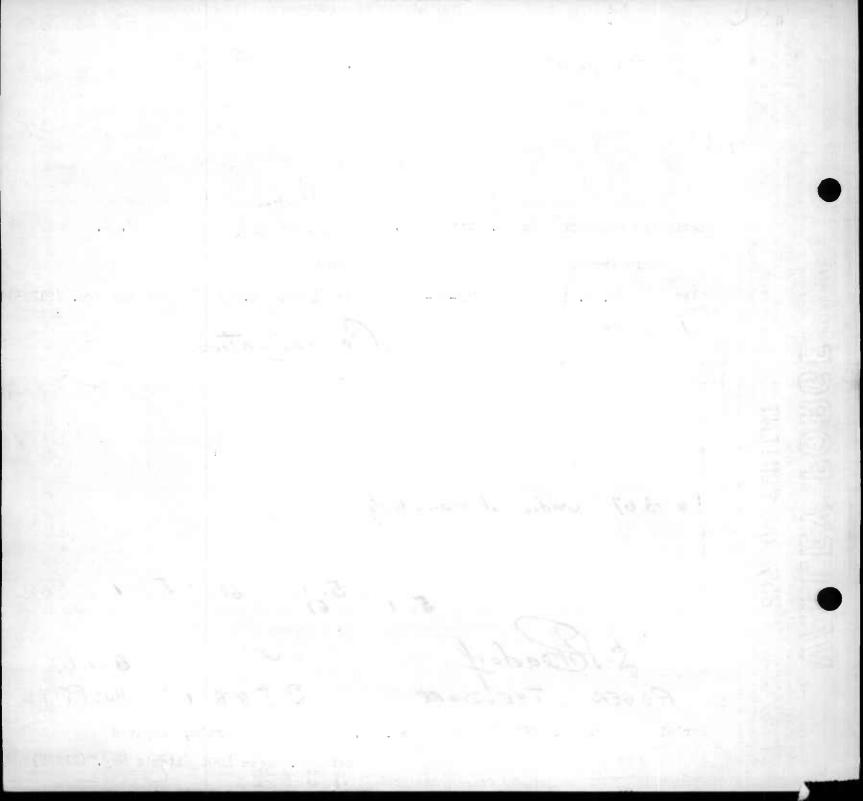
Burial

24A. DATE REC'D BY HEALTH DEPT.

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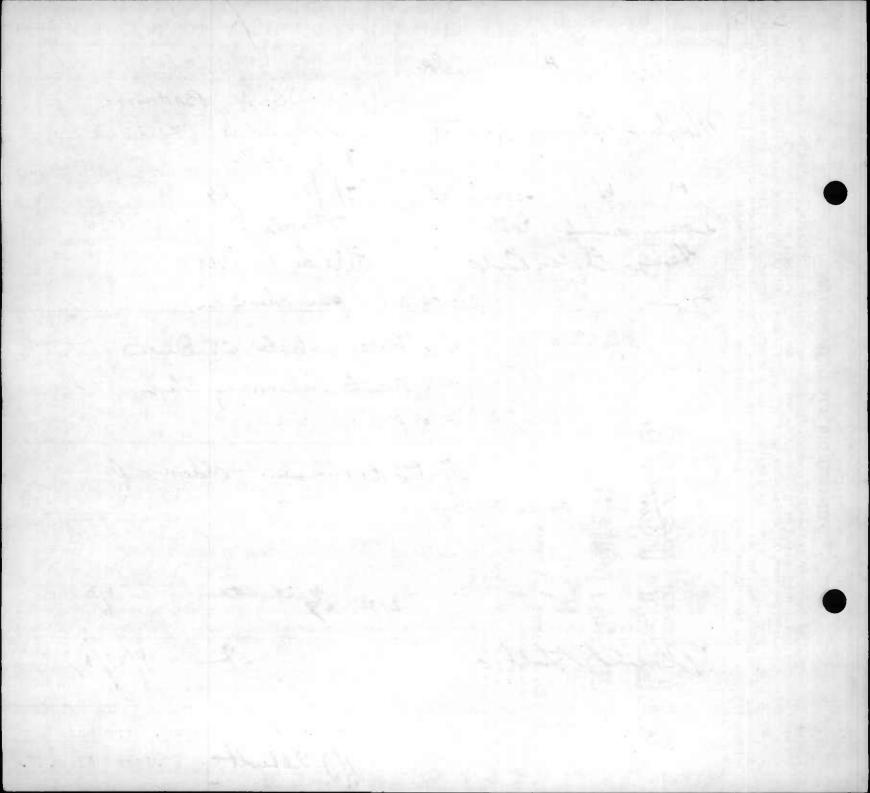
F	-6	51	1
1	a hospital and cause of death	endance on the to death. Such	5
•	death occurred in to or contributing	as in regular att	STILL IS INCIDE.
IMPORTANT	proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death on no nature: (2) Body burns: (3) A fracture of any kind. (4) the description of the contribution of the cont	(except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the deceased prior to death. Such	
FUNERAL DIRECTOR: IMPORTANT	edical examiner dical examiner.	vaician who pror	
FUNERA	d by the chief me ospital by a mediture: (2) Body by	t where the ph) (6) No physician	ned perore the re
	cate must be approve vas released to the h An accident of any no	at a hospital (exception of the property) and (

			BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.	67 4379		CERTIFICA	TE OF DEATH	Registered No.	67	4379
1. NAME OF DE	CEASED		2 0 0 0		ND HOUR OF DEATH		
	EATH IN BALTIMORE, MA	RYLAND	REDERICE	E. USUAL RESIDENCE (Who	5/1/6/		M.
ST 11A 02 01 B	ATT IN PACIFICACE IN A	KILAND		A. STATE B. COUL	NTY	siliulian: lesidence	before gamission)
FULL NAME		ar institution, g	ive street	C. CITY OR TOWN (If or	3,00	211841	
INSTITUTION				C. CITT OR TOWN (IF O	utside city limits, write	CURAL and give for	whiship)
250	VIII HUS	oital		D. STREET ADDRESS (II	rural, give location)	1. 6	001
6 11	icco pro-			817 Hai4	4DEC0 -1	102.	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months: Days	If Under 24 Hrs. Hours Min.
	V	WI	DOWEI)	6/14/4/	64		
done during most o	f working life, even if retired)			11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COU	NTRY?
	ry Engineer	Balto.	Transit Co.	10m 401	CK	U. S.	
13. FATHER'S NA				14. MOTHER'S MAIDEN NA	ME		
	nry Fromme			Anna			
(Yes, no or unknov	d Ever in U.S. Armed Form	rces? es of service)	SECURITY NO.	17. INFORMANT	03.5	ADDRES	
Yes	W. W. 1		213-10-0hh1	Miss Blanche	Fromme 817 Pa	atapsco Av	re. (21225)
1B. 19	9.2		CAUSE O	FDEATH			AND DEATH
, DIZE	SE OR CONDITION DI	RECTLY		Carcinom	atalia	ŀ	
(This does	not mean the mode of , asthenia, etc. It meons	dying, e.g.,	DUE TO		a cons		
	mplication which caused						
	ANTECEDENT CAUSES		(B)				/
	OR CONDITIONS, if above cause (A)		(C)				
	G CONDITION lost.	sidility the	()				
Z	11						
≥ TO THE	STREAMS CONDITIONS CONTINUES CONTINU	ATED TO THE					
19A. DATE	F OPERATION 198. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes ar N	a) 20B. IF YES, WERE F	INDINGS CONSID	DERED
19A. DATE C		dominal		6			
00 00117011	NT WAS UNDERLYING UTING CAUSE OF	home	PLACE OF INJURY (e.g., in p. farm, factory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact l	ocotion)
O DEATH (not)	y medical examiner)	etc.)					
21D. TIME OF INJURY	(Month) (Doy) (Yeor)	(Hour) 21E, While	e At Nat While	21F. HOW DID IN.	JURY OCCUR?		
(APPROX)		Work	At Work				
1	thot (1) (this hospital		8 1	/ n	19 62 ta V		19.67.
) last saw the decease				hat in (my) (our) apir	nion death accur	red on the dote
and haur at		ted obove. (I)	(We) (did) (did not) v	iew the body ofter deoth.		leas Date closes	
Los II old II	C 156	2-6	M.D. Atte	nding Med. Director	Stoff -	23 B. DATE SIGNE	
23C. PHYSICI	AND JOIL	000	and the same of th	5. Director 23D. ADDRESS	Phys.	5.	1.67
23C. PHYSICI NAME	Type)	-11-1	DE M.D.	5 5		11.5	PTOI
24A. BURIAL CR	O GE RE	24C.NA	ME al CEMETERY at CRE	MATORY 24D. I	OCATION (Cit	y, town, or county)	(Stote)
Burial		1967 Gle					,31016)
	BY HEALTH DEPT.	25B. NAME OF	n Haven Mem.	25C. FUNERAL DIRECTO	en Burnie, Ma	ADD ADD	RESS
	MAY 4 1967	(P. O. Pr	E. FarberMA	George J. Gor			
VS 150-REV. 1/1			6 7 0 0	0 4 3 6	7		

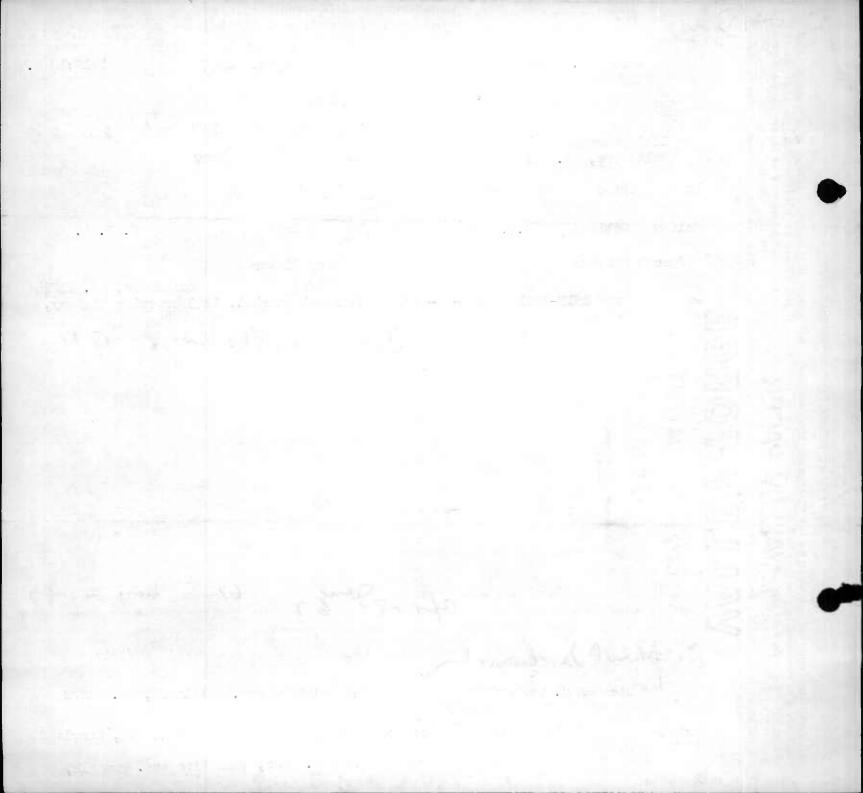


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death when shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the caused prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

CERTIFICATE OF DEATH Population Plants CASE POECHAST So DAT AND HOUR OF PRATH SOUTH AND HOUR	BIRTH NO.	BALTIMORE CITY	HEVELLI DELVILLELLI	V	67 4380
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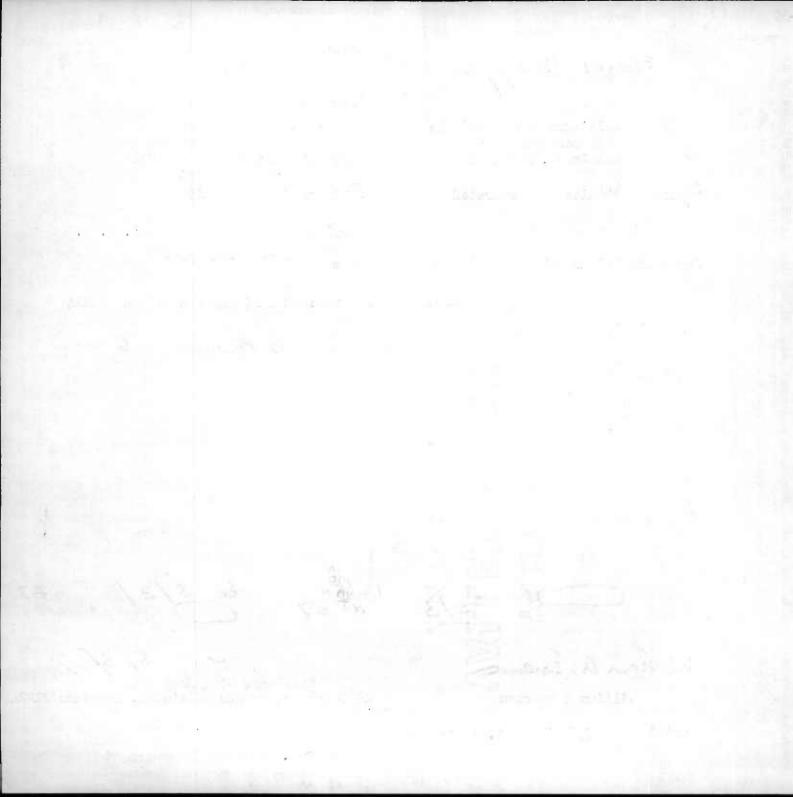


	CM 4004	The state of	BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.	67 4381		CERTIFICA	TE OF DEATH	Registered No.	614	4381
A.E. CASE NO.	CEASED				AND HOUR OF DEATH	() ()	7.001
Type or Print)	Joseph J. Du	Cohol					70.70 A
BLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (W	2, 1967	atitutiant maida	10:10 A.
. PLACE OF D	EATH IN BALIMORE, MA	KILAND		A. STATE B. CO		sniumon: reside	nce before odinissio
FULL NAME	OF (If not in hospital	or institution	give street	Maryland			
HOSPITAL OR			, 9		outside city limits, write l	RURAL ond giv	e township)
1143111011014				Baltimore	21224	1	26-36
12	43 Broening H	ighway		D. STREET ADDRESS	(If rurol, give location)	-	
	ltimore, Md.			1243 Broenin	g Highway		
. SEX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Y	r. If Under 24 H
Male	White		ED, DIVORCED (specify)	3/4/01	9. AGE (In years lost birthdoy)	Months Doy	s Hours Min.
			ried of Business or Industry		66	12. CITIZEN	OF
	f working life, even if retired)	ATION. KIND	OF BOSINESS OR INDOSIRI	II. BIRTHFEACE (STORE OF	oreign country)	WHAT	OUNTRY?
Molder	Retired	U.S.	Navy Gun Facto	ry Maryland		U. S	. A.
3. FATHER'S NA	ME			14. MOTHERS MAIDEN	NAME		
Jose	ph Duschel			Manus Diet	677		
	d Ever in U. S. Armed Fo	2	1 6. SOCIAL	Mary Diet		A Ph.	DBECC
Yes, no or unknov	vn) (If yes, give was as date	es of service	SECURITY NO.	17. INFORMANI (WLIE)	Balt	imore,	Md. 21224
Yes	Army 1919-1	1921	212-07-5269	Elizabeth Dus			
1B. / /	211		CAUSE O		^	INTE	RVAL BETWEEN
DISE	ASE OR CONDITION DI	PECTLY	A	•	V1 (1)	ONS	ET AND DEATH
Disc.	LEADING TO DEATH	NCC1E1	(6 6	Terrond,	Mad thorys	100	1 MD
(This daes	not meon the made of	dying, e.g	DUE TO		7		1
	e, asthenio, etc. It meons implication which caused		е,				
111017 01 00	ANTECEDENT CAUSES		(R)				
			DUE TO				
	OR CONDITIONS, if he above couse (A)						
	IG CONDITION lost.	sioning in	(0)				
	- 11	_					
OTHER SIGI	NIFICANT CONDITIONS (CONTRIBUTI	NG				
	DEATH BUT NOT REL		HE				
19A. DATE	F OPERATION 198. CON	NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CO	NSIDERED
	WAS PER	RFORMED		NO	IN CERTIFYING CA	USES OF DEA	TH?
19A. DATE O	ENT WAS UNDERLYING	2	B. PLACE OF INJURY (e.g., in		(If in Boltimore	e City, give ex	oct locotion)
	BUTING CAUSE OF fy medical examines	h	ome, form, factory, street, of	fice bldg., INJURY OCCUR		,	
O DEATH (non	ty medical examineil	-	C.I				
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
(APPROX.)			/hile At Not While At Work				
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	y that (1) (this hospito		the deceased from	- you	19 6/10	Juc-9	2 1967
that (I) (we	e) last saw the deceas	ed alive an	aprol	19 6 and	that in(my) (our) opi	nian deoth o	ccurred on the d
ond hour a	nd from the couses sto	ted obave.	(I) (We) (did) (did nat) v	iew the body after deot	h.		
234. SIGNAT	URP	1	1 1			23B. DATE SI	GNED
Villa	show (0. mg	7/200	M.D. AHE	nding X Med.	Staff	5/2/6	7
23C BHYEI	ANG	unin	Co Prny	s. Director	Phys.		
PHYSICI NAME	(Type)	Ma al-	1 -1-				07.005
	Stephen C.	Mackow	iak M.D.	6714 Holabird	Ave. Baltimo	re, Md.	21222
24A. BURIAL CE	EMATION, 24B, DATE		NAME of CEMETERY OF CRE	MATORY 24D	LOCATION (Ci	ity, town, or co	unty) (Stote)
REMOVAL		7 0-	ndama at Maith	Comple			10
Burial	5/5/67		rdens of Faith		Bal	timore,	Maryland
25A. DATE REC'	MAY 4 1967		OF REGISTRAR	25C. FUNERAL DIRECT			ADDRESS
	mm1 × 1001	Moker	5 E, talkeyAll	John J. Duda	a, 7922 Wise	Ave. Dur	dalk, Md
/S 150-REV. 1/1	/65	1 9	0/01	0 4 3 8	9		



BALTIMOR	RE CITY HEALTH DEPARTMENT
M.E. CASE NO.	FICATE OF DEATH Registered No. 07 4382
(Type or Print) Lucinds Bond	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MARYLAND
HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RUMAL and give township)
THE JOHNS HOPKINS HOSPITA	AL BALTIMORE 9-01
7 3	D. STREET ADDRESS (If rural, give location)
30	1517 AUSQUITH STREET 21202
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INC	
done during most af warking life, even if retired)	M d. WHAT COUNTRY?
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME
WILLIAM SHORT	NELLIE COLLINS
5. Was Deceased Ever in U. S. Armed Farces? (Yes, no ogʻunknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO	J. INFORMANT ADDRESS
No	LUCINGA MILBORN 1517 AISGUILL SI AUSE OF DEATH
	AUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Ls to a 1 Woll Are to MI Atherospheric Caroliovesoche Ases
LEADING TO DEATH	Lsteal Wall Acute MI
(This does not mean the mode of dying, e.g., DUE	TO
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	Att for to Co. Borne 1 A
ANTECEDENT CAUSES (B)	7 (Mars plen in Concroves and 1450 se
DISEASES OR CONDITIONS, if any, giving	10
rise to the obove cause (A) stoling the (C)	
UNDERLYING CONDITION Iasi.	
, II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	M 20A AUTORCY? (Yes or Noil 20R IS VES WERE SINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	N 20A. AUTOPSY? (Yes or Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR OR CONTRIBUTING CAUSE OF home, form, foctory, s	RY (e.g., in or obout 21 C, WHERE DID (fl in Baltimare City, give exact location) street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Q 21D, TIME (Month) (Dov) (Year) (Hour) 21E, INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
	Not While
Work A	At Work
22. I certify that (this hospital) attended the deceased fra	
that (A (we) last saw the deceased alive an	1967 and that in(m) (aur) apinian death accurred an the dat
and haur and fram the causes stated abave. 🦛 (We) (did) (dad	view the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
many a Val M.	.D. Attending Med. Staff Phys. Director Phys.
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type) MURRAY A. KATZ	THE TOUNG HODKING HOSDITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Burual 5/5/67 mt. Cali	rary A.A. COUNTY Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 1 1967 ROSB & Falery	a vely horocky 1/1304n. Cooked of
VS 150-REV, 1/1/65	A G IV

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BALTIMORE CITY HEALTH DEPARTMENT

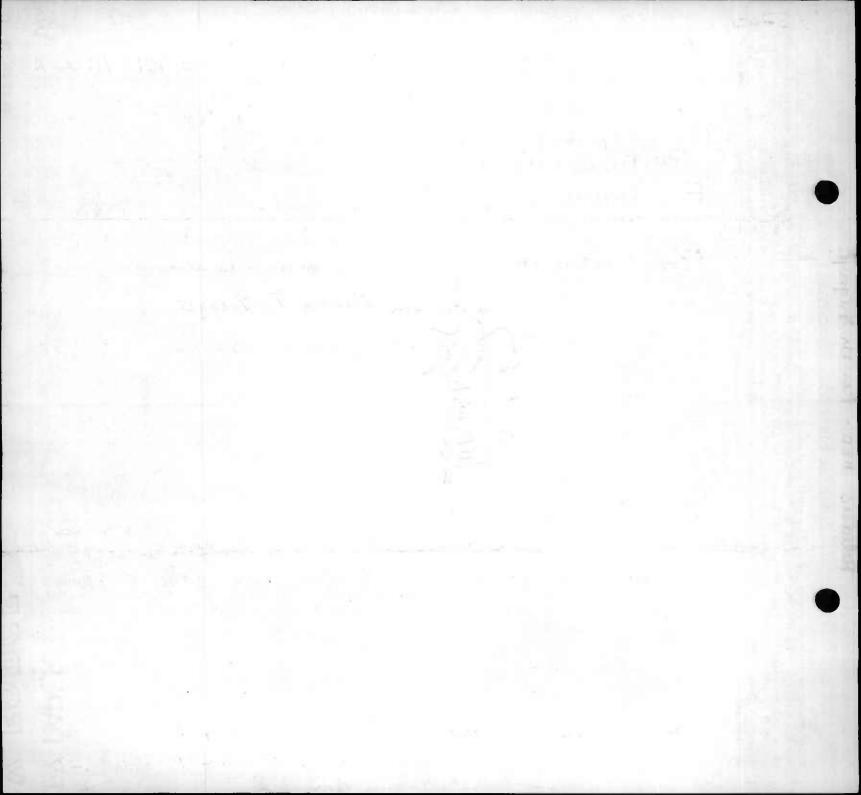
E. CASE NO. NAME OF DECEASED	*** ***********************************		2. DATE AN	D HOUR PRONOUNC	ED DEAD	
pe or Print) HILLARI	BONA	PARTE	5-2		12:35	
PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIL	DENCE (Where	deceased lived. If inst	itution: residence before	odmission)
LL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Marylan	nd		e RURAL and give bywr	
SPITAL OR ADDRESS OR LOCATION)		C. CITI OK 10	WIN (IT OUTSIG	e corporote limits, white	E KUKAL ONE GIVE TOWN	snip/
2022	. 1 0 110	D. STREET ADD				
2829 WINCHESTER STREET -	Amb. Crew #8					
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRT		Street 9. AGE (In years	If Under 1 Yr. If Un	der 24 Hrs.
lale Colored W	IDOWED	6-13-		10st birthdoy) 95	Months Doys Hou	rs Min.
. USUAL OCCUPATION (Give kind of work 10B. KIN e during most of working fife, even if retired)	D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	(Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY	2 2
RETIRED					OLINS U.	5.A.
FATHER'S NAME		14. MOTHER'S A				
UNK . WAS DECEASED EVER IN U.S. ARMED FORCES	2 11/ 50 CIAI	UNK 17. INFORMANT	•		ADDRESS	
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M.E. CASE NO.									
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FULL NAME OF	MORE, MARYLAND	SPITAL OR INSTITU	JITON, GIVE STREET	A. STATE	yland		В.	COUNTY	sidence before admissiar
HOSPITAL OR	ADDRESS OR L	OCATION)			timore	i doiside	curpulate initias,	4-	
3 JOHN	S HOPKINS	HOSPITAL	- DOA	D. STREE	ADDRESS			1017	
5 55Y	/ DAGE	17 44 4 9 1 1 9			1 Bolto	on St		1217	1 1 2 1/ 11 1 0/ 11
Male	Colored		NEVER MARRIED DIVORCED (specify)	B. DATE 0	3-196°	7	9. AGE (In y lost birthdoy)		ler 1 Yr. If Under 24 Hr. s. Days Haurs Min.
	orking life, even if relin		BUSINESS OR INDUST	1000			country) RYLAND		IZEN OF IAT COUNTRY?
SAMUEL					ER'S MAIDEN	NAME	LIGGINS		
5. WAS DECEASED	EVER IN U.S. AR		16. SOCIAL SECURITY NO.	17. INFOR				ADDRE	Solton St.
1B,				E OF DEA			991113	1001	INTERVAL BETWEEN
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TO THE DISEASE OR	DEATH BUT NOT CONDITION CAU	RELATED TO T SING IT.	HE						
100	WAS	PERFORMED	WHICH OPERATION		Yes	11	OB. IF YES, WE N CERTIFYING YES	CAUSES OF D	DEATH?
VIA, EXTERNAL UNDERLYING CAUS	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	, in or obout office bldg.,	21C. WHERE	DID (If	in Boltimore Ci	ty, give exoct	lacation)
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result	ed from: Notural	couses X A	ccident Suici	de l	tomicide	U	ndetermined m	onner	
ACTUAL	IRE OF	Winhu			IEF MEDIC		MINER X		DATE SIGNED
EVAMINI					ATE MEDIC				5,-3-67
23A. BURIAL CREA	AATION, 238. DAT		C. NAME OF CEMETERY	or CREMAT	O RY	23D. LO	CATION	(City, town, or	county) (State)
BURIAL	5-5	5-67	Mount Aubur	rn Cen	1.	Ba	ltimore	. 1	farvland
BURIAL 24A, DATE REC'D I	5-5	5-67	Mount Aubus	rn Cen	T.	Ba	ltimore	, 1	Maryland ADDRESS Ol Laurer

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Released



IMPORTANT DIRECTOR: FUNERAL BIRTH NO.

(Type or Print)

M.E. CASE NO.

VS 150-REV. 1/1/65

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and

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 2. DATE AND HOUR, OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence (If outside city limits, write RURAL and give towns) If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH

20A. AUTOPSY? (Yes at No) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

62 ond that in(my) (aur) apinian death accurred on the date

M.D. The Johns Hopkins Hospital

(City, town, or county)

C. Miller Inc-6415 Belair Rd.-21206

1:001 COVER PRODUCT OF THE

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the caesed prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such defined on the deceased prior to death. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

BIRTH NO. M.E. CASE NO.	BALTIMORE CITT	HEALTH DEPARTMENT		67 1389
	CERTIFICA	TE OF DEATH	Registered No	/ 4000
1. NAME OF DECEASED (Type or Print)	Enther	2. DATE ANI	HOUR OF BEATH	67 820
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	/	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed/lived. If ins	titution: residence before admis
FULL NAME OF (If not in hospital or institution, HOSPITAL OR' oddress or location)	give street	MARYLAND	· · · · · · · · · · · · · · · · · · ·	X
INSTITUTION		BALTIMORE	side city limits, write	URAL and give township)
33 THE JOHNS HOPKINS HE	OSPITAL		ural, give location)	
5. SEX 6. RACE 7. MARRIED	. NEVER MARRIED		QUITH ST.	If Under 1 Yr. If Under 24
WIDOWE	D, DIVORCED (specify) NGLE		ost birthdoy)	Months Doys Hours M
IDA. USUAL OCCUPATION (Give kind of work 108, KIND Odone during most of working life, even if setired)		11. BIRTHPLACE (State of foreig	gn country	12. CITIZEN OF WHAT COUNTRY?
House wifel		augusta	, Da.	
13. FATHER'S NAME	A.	14. MOTHER'S MAIDEN NAM	AE . /	1
Willie Ma	this	Eugena	. Wall	lon
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	Den to Funer	al Hame	address augusta /
18. 2 72 XI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
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(This daes nat meon the mode of dying, e.g., heort foilure, asthenio, etc. It means the disease		1000 > HOVE ACCES		. 0 109
injury or complication which caused deeth.)	PA	mitari al)	N 25 LA
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UNDERLYING CONDITION Iosi.				
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DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) SHERRARD L 24A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specify)	B. PLACE OF INJURY (e.g., ir me, faim, factory, street, of c.) E. INJURY OCCURRED hile At Work At Work the deceased fram. (I) (We) (did) (did nat) v M.D. Atte Phy HAYES M.D. NAME of CEMETERY of CRE	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY ond the liew the bady after death. 23D. ADDRESS THE JOHN	(If in Bollimore JRY OCCUR? To in (m) (our) apin	195 ian death accurred an the

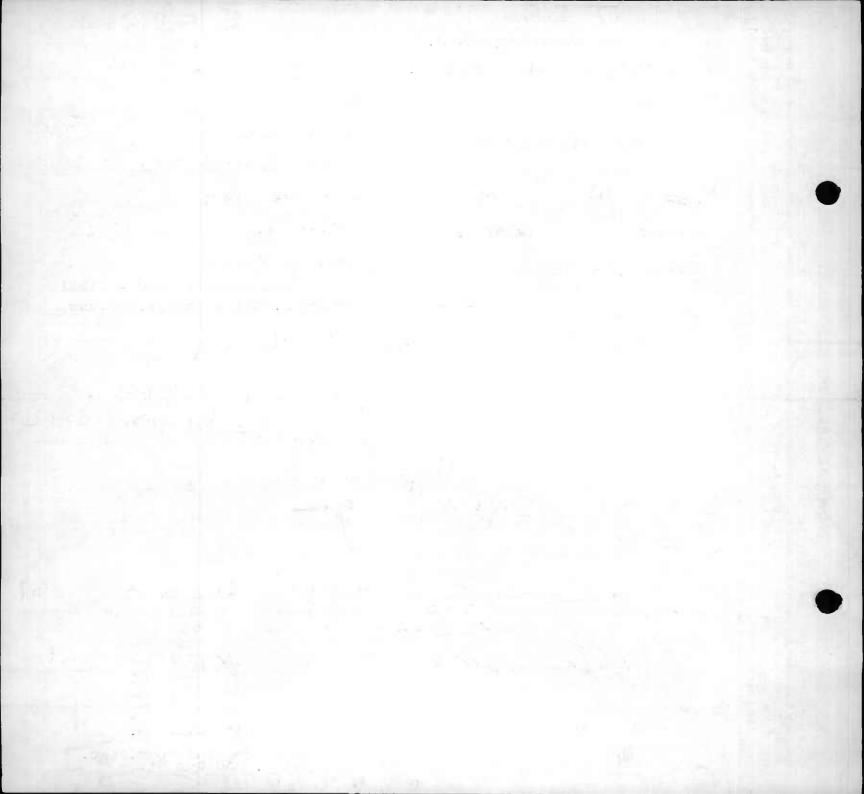
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				BALTIMORE CIT	Y HEALTH DEPARTA	MENT		67	ADOM
BIRTH N	111	4390	}	CERTIFICA	TE OF DEA	ATH Re	gistered Na	07	4000
	OF DECEASED	Edwa	wel	- 1		DATE AND HOL		- 1	
3. PLAC	E OF DEATH IN B	ALTIMORE, MA		5 7	4. USUAL RESIDEN	ICE (Where dece	osed lived. If in	stitution: residen	ce before admission)
					Mary la	B. COUNTY			
HOSP		not in hospital dress ar location		ive street	c. CITY OR TOWN		ty limits, write I	RURAL ond give	township)
1			1 11.	+ /	Baltin	hore			8-01
8 /	lary land	Gener	al Mo	special	D. STREET ADDRES		ve location)		
5. SEX	6. RACE		T ALABRIED	NEVER MARRIED	8. DATE OF BIRTH	Lake A	(In years	T 1/ 11 1 2 W	7 11 1 37 11
M		U	WIDOWED	DIVORCED (specify)	11/1/98	lost birt		Months Doys	Hours Min.
	IAL OCCUPATION ing most of working life		1	BUSINESS OR INDUSTR		ite or foreign cau	ntry)	12. CITIZEN C	OF OUNTRY?
	ectrician		U.S.	Fed. Gov't.	wash.	D. C.		u.	S.A.
13. FATH	IER'S NAME	9	, ,		14. MOTHERS MAI				
	Willian	r we	184			XXXXXXX		ın	
15. Wos (Yes, no c	Deceased Ever in Ustrunknawn) (If yes,	J. S. Armed For give war or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN TO	ee Yarch		ADD	RESS
	no			215-09-460		wife)	137	San	re
18.	177%	1		CAUSE	OF DEATH		,		EVAL BETWEEN
	DISEASE OR CO	ONDITION DIE	RECTLY	M	•	D	1	0 1	1/ 111 -
	s does not mean	the mode of		DUE TO	vienen	1	orra	1	15 422
	rt foilure, osthenia, ry or complication				c helas	leses			N. S.
	ANTECE	DENT CAUSES		(B)	**********	************	**************************************		***************************************
	EASES OR CON								
	to the above		stoting the	(C)	umma apagungkan apara apara di Galanpara anakara gaga gaga ga padalakah diparapi G	8 u mii 8 880 0 u u u mii 0 mii 1 mm ulemair	en tim en, en tre en ent tim en en en de al-ta-ta-tal-directe avens gjelle devejvej en	ends annoles, als relative are used for the user als, so rais, 40 def 40+40 40 der der ant da	
		II							
	HER SIGNIFICANT OF								
A DIS	DATE OF OPERATI	ON CAUSING	Т.		20A. AUTQPSY? (Yes or No. 208.	IF YES WERE	FINDINGS CON	SUDFRED
RTIF		WAS PER			No	IN C	ERTIFYING CA	USES OF DEAT	H?
U 21A	ACCIDENT WAS CONTRIBUTING ATH (notify medical	CAUSE OF	21 B. hame	PLACE OF INJURY (e.g., e, form, foctory, street,	in ar about 21 C. WHER affice bldg., INJURY O	RE DID CCUR?	(If in Baltimare	City, give exa	et location)
		(Doy) (Year)	(Hour) 21 E,	INJURY OCCURRED	21 F. HOW	DID INJURY O	CCUR?	.	
	PROX.)		Whi	le At Not Wh				2	
22.	L certify that (1)	(this hospital		e deceased fram		196	7 to Ma	v /	19 6 7 ,
11 1				Riay 1					
				(We) (did) (did nat)					
	SIGNATURE	. 1 /	91	1111				238, DATE SIG	NED
1	V. Muc	hel.	/ Jon	M.D. At	tending Med.	tor Stoff		5/1/	67
23C.	PHYSICIAN'S NAME (Type)				23D. ADDRESS				
W	. MICHA	7EL (DOUR) M.D.	· Maria Sa				
24A. BU RE	RIAL CREMATION, MOVAL (Specify)	24B, DATE		ME of CEMETERY OF CI		24D. LOCATIO		ly, tawn, ar cau	nty) (State)
	Burial	5/5/6		ly Redeemer			timore,		
25A. DA	TE REC'D BY HEAL	5 1967	25B. NAME O	F REGISTRAR	Schim	unek Fui 31 Brehi	neral H	lome, I	DDRESS nC.
VS 150-	REV. 1/1/65	3	7 5	1 4	4 3	7 0	TO DOLLE		

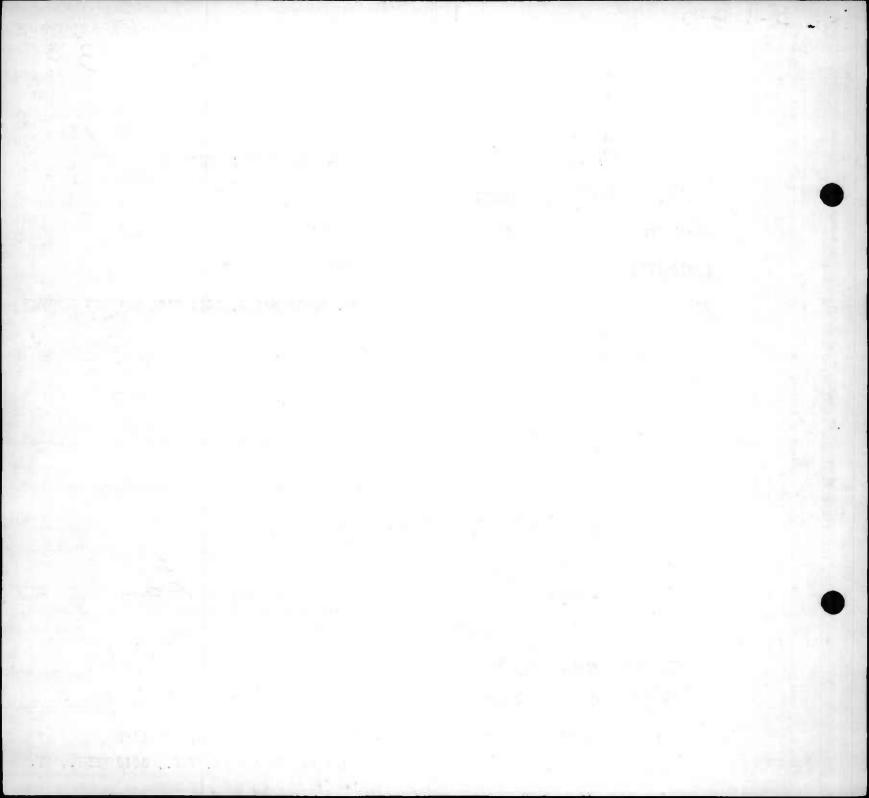
Bright Late of Allenda Muryland General Hospital 2022 24-12 2025 mound 11/1/18 de A.S. Fall Court Bank B.E. William Lealish Prince Healthy with the state of 215-89-4625 CERTIFIED WINDS Farmey 21 47 Percy L many to the same

Mohn Can - i gy han a land of the L. Honore City ... Vadon Hempung Hospital 3320 Holgoka Kond 3/30/18 82 M. Caycesian Morgland USA 20311.00 John Sygnan, K Christian Westlend the desember 2 2 days Core one of Long with Motestisis

67 439	2 BALTIMORE CIT	HEALTH DEPARTMENT		OB 4900
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	67 4392
M.E. CASE NO.	XXXXXXXX J.	2. DATE AND	HOUR OF DEATH	
(Type or Print)	W Porpard I St	ierstorfe5 -3	-1.7 @ H:	30 AM
3. PLACE OF DEATH IN BALTIMORE, MARY	AND	4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution: residence before admissio
		A. STATE B. COUNTY	1	
FULL NAME OF (If not in hospital or HOSPITAL OR address or location)	institution, give street	Md		
INSTITUTION		C. CITY OR TOWN (If outsi	de city limits, write R	URAL and give township)
		Baltimore	2	1-02
2 V University Ho	spital		ral, give location)	
		2526 Ash	land Av	0
SEX 6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. , If Under 24 H
M	WIDOWED, DIVORCED (specify)	12 23-62	st birthdoy)	Months Doys Hours Min.
ON LISTED OCCUPATION (Give hind of work to	P KIND OF SUSINESS OF INDUSTRY	12-23-62	64	120 0121221 05
OA, USUAL OCCUPATION (Give kind of work 10 one during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRI	Baltimore	Country)	12. CITIZEN OF WHAT COUNTRY?
Printer	Oscar T. Smith Co			() 5
3. FATHER'S NAME	Jour I. Sair the Co	14. MOTHER'S MAIDEN NAMI		
7 1 6 1 1 6		MARIE TT		
John Stierstorf		TOCCOLO HI	offman	
5. Was Deceased Ever in U. S. Armed Forces Yes, no or unknown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 155 I	Rennett D	oad - 21221
, , , ,				
100	212-05-9947	Bernard J. St	tierstorf	er, son, abo
18.4.50,01		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY			
LEADING TO DEATH	(A) (E)	121HURONI, 1AV	EUCY	
(This does not mean the made of deheart failure, asthenia, etc. It means the		100	^ \	
injury or camplication which caused de		(U) = Kb/		
ANTECEDENT CAUSES	(B)	Y D & ADO	of Hueur	ypy
DISEASES OR CONDITIONS, if on-	DUE TO		1 1	
rise to the obove cause (A) si		July TENEDUC	D 1-1	DASS 5-1-6
UNDERLYING CONDITION lost.		CONE	T	
11		1		
OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING 1	,		
TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	D TO THE WY DEV	teusion		
	TON FOR WHICH OPERATION		20B. IF YES. WERE F	INDINGS CONSIDERED
B 5-1-67 WAS PERFO	SWED V SOV,	hes	IN CERTIFYING CAL	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21C. WHERE DID	(If in Bottimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	hame, form, factory, street, a	ffice blog INJURY OCCUR?	III III POIIIIIOTC	ony, give exoci locolloni
O DEATH (notify medical examiner)	etc.) ~			
	Hour 21E INJURY OCCURRED	2) F. HOW DID INJUI	RY OCCUR?	
₩ OF INJURY	While At Not Whi	le 🗂		
	Work At Work	4 10		
22. I certify that (If (this hospital) a		7 - 19	6 tro	19 0
that ((we) lost sow the deceased	olive on 5-3	19 6 7 and that	in(my) (aur) opir	nion deoth accurred on the d
and haur and from the causes stated		•		
23A. SIGNATURE	abave. (4) (me) (ara) (ara mer)	view the bady after death.		
23A. SIGNIALORE	0 . 0			23B, DATE SIGNED
1 / Jen	- 10 m. 11 M.D. ATT	ending Med. St vs. Director Pl	toff hy s.	5-3-61
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	/	
NAME (Type)	M.D.			
REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOC	CATION (Cit	y, town, or county) (State)
Burial 5/6/67	Baltimore Ceme	etery Ba	altimore,	Md.
		25C. FUNERAL DIRECTOR		
SA. DATE REC'D BY MAY 5 EPT. 1967	Albert E. Jaken	Schimunek F	funeral He	ome, Inc.
	The state of the s	2601 E.	Madison S	ot.
'S 150-REV. 1/1/65		4400		



2	27 4200	BALTIMORE CITY HE	ALTH DEPARTMENT			
	BIRTH NO. M.E. CASE NO.	CERTIFICATE	OF DEATH	Registered Na.	67 439	3
	1. NAME OF DECEASED (Type or Print)	Sachs	2. DATE AND	HOUR OF DEATH	3 8)
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. A.	USUAL RESIDENCE (Where	deceased lived. If instit	ution; residence before odm	ission)
	FULL NAME OF HOSPITAL OR oddress or locotion) INSTITUTION	// c.	MARYLAND CITY OR TOWN (If outs)	de city limits, write RUR	AL and give township)	122
	90 Friedlers Musi	of Home	STREET ADDRESS (If ru	rol, give location)	# 101	1
90	5. SEX 6. RACE 17. MARRIED, N	NEVER MARRIED B. D		GHTS TERRACE	f Under 1 Yr., If Under 2	14 Han
E S	Female White WIDOWED,	DIVORCED (specify)	lo	st birthdoy) N	Nonths Ooys Hours	Win.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)		BIRTHPLACE (State or foreign	n country)	2. CITIZEN OF WHAT COUNTRY?	
positi	HOUSEWIFE AT HO		RUSSIA MOTHER'S MAIDEN NAMI		USA	
aisbo	LOUIS STARK		ETTA	?		
5	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	6. SOCIAL SECURITY NO.	INFORMANT		ADDRESS	#15
	NO 11B. /	CAUSE OF D		HS, 2625 PAR	K HEIGHTS TERM	
o D	DISEASE OR CONDITION DIRECTLY	eA .	/		ONSET AND DEAT	
E	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	DUE TO	ingerente a	of sotunt	3 miny	fes
0	hearl failure, astheria, etc. It means the disease, injury or complication which coused death.)	Acto	1	0.	Secret	
0	ANTECEDENT CAUSES	OUE TO	discord	endrove sun	y year	<u> </u>
S ar	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.					*******
The remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
9	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED	
0	19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED			IN CERTIFYING CAUSE	S OF DEATH?	
Detore		PLACE OF INJURY (e.g., in or , form, foctory, street, office	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)	
Dec	S OF INJURY	Not While	21F. HOW DID INJU	RY OCCUR?		
LIBI	(APPROX.)	At Work]	. 1	04942	
0	22. I certify that (I) (this hospital) attended the that (I) (we) just saw the deceased alive an	deceased from	1	66 to 17	n death accurred an th	رو
-	and haur and fram the causes stated abave. (1)-			in(my) (our) aprilla	n dearn accurres an in	e date
approval must	23A. SIGNATURE	M.D. Attending	g Med. St	loff	B. DATE SIGNED	
8	23 C. PHYSICIAN'S NAME (Type)	Phys. 23D.	ADDRESS PI	hys.	5 1216)	
ppr	SEYMOUR KUBIN	M.D.	5415 Vack	Heights	Menue (S)	tote)
	REMOVAL (Specify)		Marie Control of the Control	0		tote)
		REGISTRAR	25C. FUNERAL DIRECTOR	OSEDALE, MAR	AODRESS	
3	MAY 5 1967 Of Coch &	, tarbenna	SOL LEVINSON &	BROS. INC.,	6010 REST.,	RD.
	VS 150-REV. 1/1/65	e mo ha	4 4 0			



Woodlawn

25B. NAME OF REGISTRAR

MARIN

24A. BURIAL CREMATION, 24B. DATE

25A, DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

eceased

o

Was

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

LLOYD E.

FUNERAL DIRECTOR:

BIRTH NO.

(Type or Print)

M.E. CASE NO.

Such

12. CITIZEN OF U.S. A. DEC D ADDRESS ST. AGNES RECORDS: WILKENS & CATON AVES ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) apinian death accurred an the date 238. DATE SIONED WILKENS CATON 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Woodlawn Maryland ansbury 6411 Windsor

2. DATE AND HOUR OF DEATH

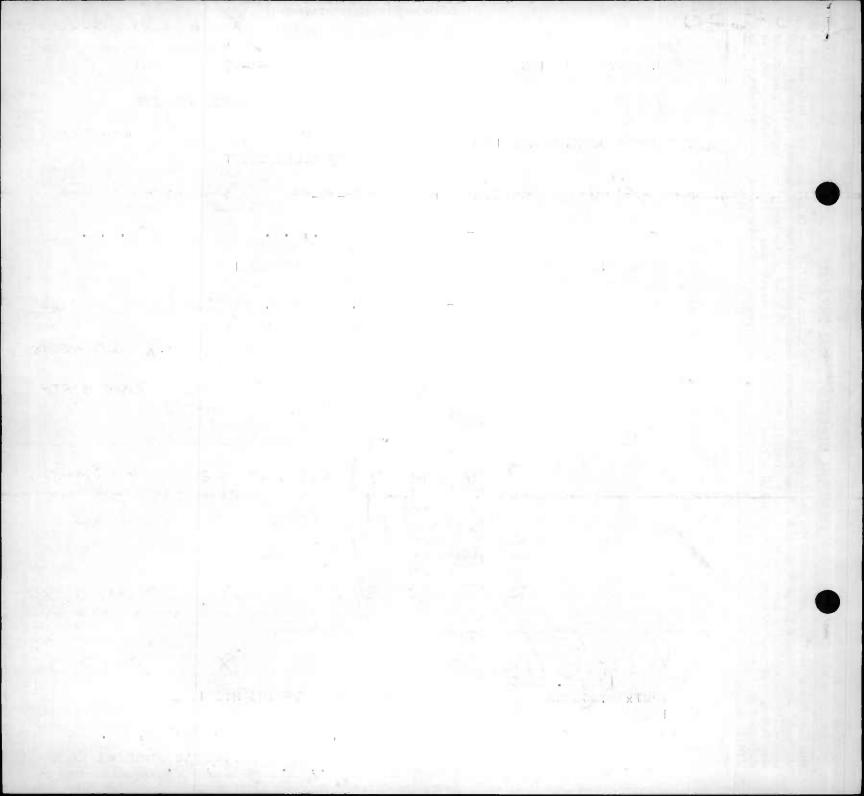
If Under 24 Hrs.

Hours

TILLY CARL LIVERING METATO CLE IN MAINTAIN DE A. S. Marian B. Marian Marian Research Economic Policy 1 male 02/10% 3EV METAL S TERMINA SOMETHING TO THE

1 5 5 6

500 4205	BALTIMORE CITY	HEALTH DEPARTMENT	67 4395
BIRTH NO. 67 4335 M.E. CASE NO.	CERTIFICA	TE OF DEATH Pegistered No.	1000
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
KATHRYN WASHICK		5-1-67	9 MM M
3. PLACE OF DEATH IN BALTIMORE, MARYLAI	ND	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before odmission)
FULL NAME OF (If not in hospital or ins	titution, give street	MARYLAND PRINCE GEO	
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, write	4/ /
THE JOHNS HOPKINS HO	SPITAL	D. STREET ADDRESS (If rural, give location)	66-00
,		6003 BELLE COURT	
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
F W N	IEVER MARRIED	10-14-55 lost birthdoy) 11	Months Doys Hours Min.
iOA, USUAL OCCUPATION (Give kind of work) 10B, I done during most of working life, even if retired)	KIND OF BOSINESS OK INDOSIKI	11. BIRIHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
_	-	Wash.,D.C.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
PETER WASHICK		DORA FERADOSI	
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown](If yes, give wor or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Mr. Peter J. Washick	above address
18. 7.5 4 0 1	CAUSE O	F DEATH (Father)	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL			ONSET AND DEATH
LEADING TO DEATH	(A) SUB,	ACUTE BACTERIAL ENDOCAN	OITE 6/2 WEERS
(This does not mean the mode of dyin heart failure, osthenio, etc. It means the	g, e.g., DUE TO disease,		
injury or complication which caused deall	h.)	ENITAL HEART DISEASE	SINCE BIRTH
ANTECEDENT CAUSES	DUE TO	ENITAL HEART OUTEASE TETROLOGY OF FALLOT)
DISEASES OR CONDITIONS, if any, rise to the above couse (A) stati	33	2.702 7 3. 7420.	
UNDERLYING CONDITION last.	(0)		
11			
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		T SURGERY -TWICE	G+8 MONTHS
U 19A. DATE OF OPERATION 198, CONDITIO	N FOR WHICH OPERATION		FINDINGS CONSIDERED
= Q1(-166 NIGHE WAS PERFORM		IN CERTIFYING CA	AUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID (If in Baltima	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	three bidge, INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Yeor) (Ho	ur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not Whi	de 🗂	
	Work At Work		01
22. I certify that (I) (this hospital) attached	01.	2/18 1967 10	5/1 19.6.7
that (1) (we) lost sow the deceased ali		19 ond that in (my) (our) op	inion death occurred on the date
and hour and from the causes stated a	bove. (I) (We) (did) (did not)	riew the body ofter deoth.	land Barr diance
23A. SIGNATURE	M.D. Att	ending Med. Stoff	23B. DATE SIGNED
munt one	Phy	s. Director Phys.	51/167
23 NAME (Type) IRUN R. COH		23D. ADDRESS	
MANDSXXHXMMMXX	M.D.	JOHNS HOPKINS HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (C	city, town, or county) (State)
Burial 5/4/67	Gate of Heaven	cem. Silver Spr:	ing, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAY 5 1967 P	Dob E. Falkerna	Inc. Mt. Radnier, Md	F. CHOLAT HOME
VS 150-REV. 1/1/65		4 4 0 0	



t if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased

the direct or contributing cause

the

On

attendance

regular

=

Was

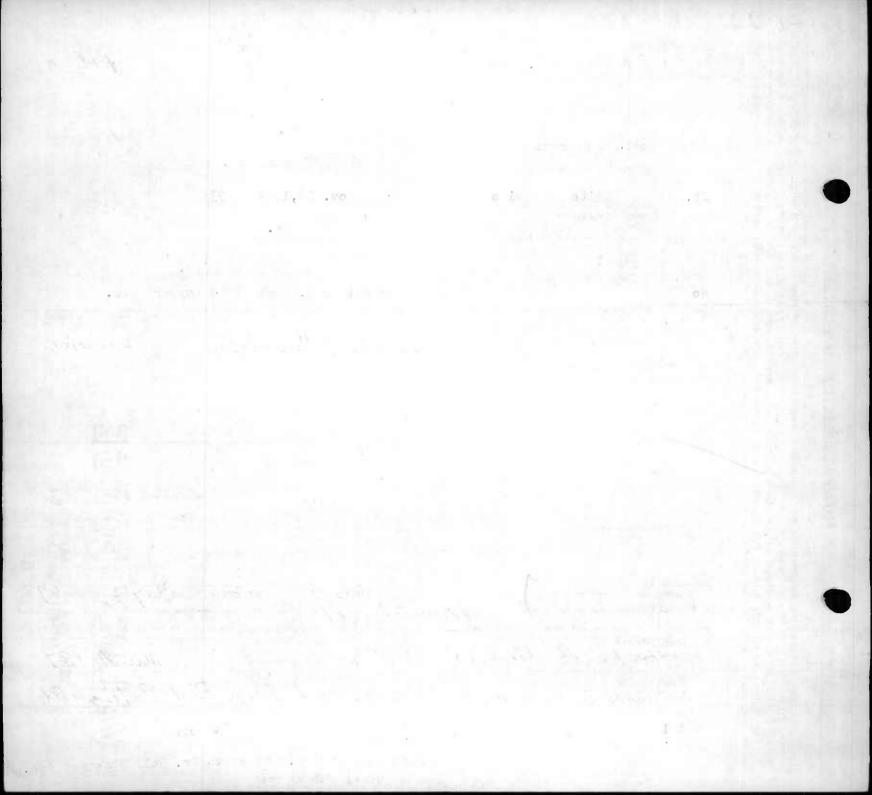
death

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH Such M.E. CASE NO. 2, DATE AND HOUR OF DEATH (Type or Print) 4/2/67 4:45 a. A.
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Maggie B. Neal death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE Md . FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION 0 Baltimore. prior D. STREET ADDRESS (If rurol, give location) Ashburton House 3429 Hickory Ave. mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Doys deceased WIDOWED, DIVORCED (specify) lost birthdoy) Nov. 18,187 widow 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Va. 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME ? 0 ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) or final SECURITY NO. 3908 Hayward Ave. Arthur R. Neal INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed erebral thrombosis LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl failure, osthenio, etc. Il meons the disease, injury or camplication which caused death.) (8) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stating the UNDERLYING CONDITION last. the remains 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Dov) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work Al Work 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE M.D. Attending Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

If Under 24 Hrs.

Hours

or his assistant if attendance any pronounced fracture of examiner regular who 4 ල physician the chief medical Was medical shows: (1) An accident of any nature; (2) Body burns; ician 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED the 0 IN CERTIFYING CAUSES OF DEATH? physi where (If in Boltimore City, give exact location) the body was released to the hospital °Z by 9 approved (except and ...and that in(my) (eer) apinian death accurred an the date death) hospital 23 B. DATE SIGNED 9 approval ō prior certificate a D.O.A. 24A. BURIAL CREMATION, 24B. REMOVAL (Specify) eceased decease Burial Baltimore Lorraine Park 25C. FUNERAL DIRECTOR Was 25A. DATE REC'D BY HEALTH DEPT. ADDRESS E. Chenoweth Jr. 3617 Chestnut Ave. Paul VS 150-REV. 1/1/65



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BIRTH NO.	433 / MED	ICAL EXAMINER'S	CERTIFICATE	OF DEATH Registe	red No. 4397
1. NAME OF DE	CEASED		12.	DATE AND HOUR PRONOUNCE	ED DEAD
(Type or Print)	J	OHN C. HUDSON		5-2-67	2:07 PM M
CERT HOSPITAL OR	TFICATE	A TOR INSTITUTION, GIVE STREET	Maryland	CE(Where deceosed lived. If insti B. COU	
CHURCH	HOME AND HOS		Baltimor D. STREET ADDRES	S (If rurol, give location)	6-07
					1224
Male	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	Nov. 15,	1908 9. AGE (In yeors lost bind doy) 58	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
	UPATION (Give kind of working life, even if retired)	Stadium	12.2	ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	?		14. MOTHER'S MAIL	DEN NAME	
	ED EVER IN U.S. ARMED		17. INFORMANT 4 John Hud	son Jr. 833E. 33	rd.
RISE TO THE UNDERLY!	OR CONDITION CAUSING	CONTRIBUTING Moderate			
12/1	WAS PER		Yes	(es of No) 20B. IF YES, WERE FIT IN CERTIFYING CAUS	SES OF DEATH?
UNDERLYING	AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	21B. PLACE OF INJURY (home, form, foctory, streetc.)	e.g., in or obout 21C. WH eet, office bldg., INJURY O	ERE DID (If in Boltimore City, gi	ve exact location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	WHILE AT	NOT WHILE	DID INJURY OCCUR?	
	rtify that I held on I		Autapsy X and t	hat on this bosis, death in m	ny opinion
rosu	Ited from: Natural co	uses X Accident Su	icide Homicide CHIEF MED	Undetermined monne	er
ACTUA SIGNAT EXAMIN	TURE		M.D. ASSISTANT MED		5-3-67
NAME (23A. BURIAL CRE REMOVAL (Specific BUTIAL)	EMATION, 23B. DATE	S. FISHER, M.D. 23C. NAME of CEMET National	ERY or CREMATORY	23D. LOCATION (City,	town, or county) (Stote)
	MAY 5 1967	24B, NAME OF REGISTRAR	Paul E.		Address 217 Chestnut Are

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80-32-9 . The first trace Of the broken is to Gizat Cell Arteritis 9mo. 3 /1/8 3 35/6 William A. Ember

CM ADOO	CATE OF DEATH Registered No. 67 4399
M.E. CASE NO. 1, NAME OF DECEASED Robert F. Po	
Robert E. Poole	may- 4 th- 67 5,30 A.N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whate deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	MaryLand
INSTITUTION	C. CITY OR TOWN (If autside city limits, write RURAL and give township)
Church Home + Hospital	D. STREET ADDRESS (If rural, give location)
1.4	2926 O'Donnehl St.
Make White MARRIED, NEVER MARRIED (specify)	7-12-16 50
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS done during most of working life, even it retired)	WHAT COUNTRY?
Tractor-Driver City of Balto	Georgia U.S.A.
3. FATHERS NAME Grass Cutting- Patterson Park William Boole	14. MOTHERS MAIDEN NAME Leila Mc Carthur
5. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	
Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT(Wife) Machine Pools 2026 OlDernoll St. Polls
	Mrs. Helen Poole, 2926 O'Donnell St. Balto.
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
	erebral Hypoxia secon-
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	dary to Cardiac arrest
injury ar complication which caused death.) ANTECEDENT CAUSES (B)	Parcinouna of Stomach
DISEASES OR CONDITIONS, il ony, giving	D. L. Fr. 1900
rise to the above couse (A) stating the (C) UNDERLYING CONDITION last.	I many L'mpohen
II	KA.
OF THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E May-1st. 61 Gastric tomor.	J K 2 ~
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Cause OF CAUSE	.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) t, office bldg., INJURY OCCUR?
Q 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not	While
22. I certify that (1) (this haspital) attended the deceosed from	A /
that (1) (we) last saw the deceased alive on May 4 +	19 67 and that in(my) (gar) opinion death occurred on the data
and hour and fram the couses stoted obove. (1) (10) (did) (old po	
23A. SIGNATURE	23 B. DATE SIGNED
My J. Rail	Attending Med. Stoff Phys. 5/4/69
23 C. PHÝSI CIÁN'S NAME (Type)	23D. ADDRESS
MERUIN L. TRAIZ MALE MATTER OF THE PROPERTY O	CREMATORY SALD LOCATION (Site born or county) (State)
REMOVAL (Specify)	
Burial 5/8/67 Gardens of Fait 25a. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	th Cemetery Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS
MAY 5 1967 Role & FalleyMA	
VS 150-REV. 1/1/65	04407

Church Here STEE COUNTRIE ST Make White 7-11-16 50 - La 17 14 14 Georgia Tractor - Uriver Sty of Butto . .

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24 - 7128 9 + A hone

MERIN L. TRUE.

Comme show & there we -

Male Negro WIDOWED DIVORCED (specify) 60 lost birthdoy 60	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 1932 Madison Avenue 1932 Madison Avenue D. STREET ADDRESS (If reviol, give locotion) 1932 Madison Avenue 5. SEX Maryland C. CITY OR TOWN (If outside corporate limits, write RUR Baltimore D. STREET ADDRESS (If reviol, give locotion) 1932 Madison Avenue 9. AGE (In years lost birthdoy) Male Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CAROLINA	AL and give townshin)
The strate of Hospital or Institution, Give Street Address or Location) 1932 Madison Avenue 1932 Madison Avenue D. Street Address (If retal, give location) 1932 Madison Avenue 1932 Madison Avenue 5. SEX 6. RACE Widowed Divorced (specify) Male Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CAROLINA	14-03
Baltimore 1932 Madison Avenue D. STREET ADDRESS (If retiol, give locotion) 1932 Madison Avenue 1932 Madison Avenue 5. SEX Male Negro Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) A DO RECEIVAGE CAROLINA	14-03
1932 Madison Avenue D. STREET ADDRESS (If reviol, give locotion) 1932 Madison Avenue 1932 Madison Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED(specify) Male Negro 60 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) ADD REVIOLEM 12.	Under 1 Yr. If Under 24
1932 Madison Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 10st birthdoy) Male Negro 9. AGE (In years lost birthdoy) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) ADD REPORT 1932 Madison Avenue	Under 1 Yr, If Under 24
5. SEX 6. RACE Male Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CAROLINA	Under 1 Yr. If Under 24
Male Negro SCARATED 5-1-0 60 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) ADD REPARATED 5-1-0 60 12. CAROLINA	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) ADD REPROJECT	onths Doys Hours M
done during most of working life, even it setired) ADD RER CAROLINA	CITIZEN OF
	WHAT COUNTRY?
	W.D.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT AD	DRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	
NO	
CAUSE OF DEATH	INTERVAL BETWE
ANTECEPENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
ZO (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF CONDITION CAUSES OF CONDITION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION CAUSES OF CONDITION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION 19B. CONDITIO	
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give ex	toct location)
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) m. WHILE AT NOT WHILE AT WORK	
22	
I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my or	
resulted from: Notural couses Acciden Suicide Homicide Undetermined manner	
ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHIE	DATE SIGNE
SIGNATURE Charles Telly M.D. ASSISTANT MEDICAL EXAMINER A	4/27/67
EXAMINER'S Charles S Potty ASSOCIATE MEDICAL EXAMINER	7/2//0/
NAME (Type) Charles S. Petty 23A, BURIAL CREMATION, 23B DATE 23C. NAME (Type) CEMETERY of CREMATORY 23D. LOCATION (City, town	n, or county) (State
	i, or county/ (31016)
REMOVAL (Specify) E-7 17 Mark A 1 2 AA A11-7	711

30-1-2 1-25 AL ANAISLE ROOM NOR NA A CONTRACTOR OF THE STATE OF TH

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25A. DATE REC'D BY

VS 150-REV, 1/1/65

HEALTH DEPT

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attendance

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) death. 3. PLACE OF DEATH IN BALTIMORE MAR 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or locotion) (If outside city limits, INSTITUTION MemoriAL NURSING prior CAREY ST. disposition is made 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months: Doys WIDOWED, DIVORCED (specify) lost birthdoy Hours NegRo 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT, COUNTRY? 11. BIRTHPLACE (State or foreign country done during most of working life, won if retired) 13. FATHER'S NAMO 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS 6. SOCIAL final SECURITY NO. 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or camplication which coused death,) E ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 0 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) obtained MEDI (Month) (Doy) (Year) 21 D. TIME (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 19 67 that (I) (we) last saw the deceased alive an ond haur and fram the couses stated above. (1) (Wb) (did not) view the body ofter death. must 23A. SIGMA 23B. DATE SIGNED M.D. Attending | Med. Staff approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 24A. BURIAL CREMATION. eceased 24B. DATE lown, or county) REMOVAL (Specify) decease

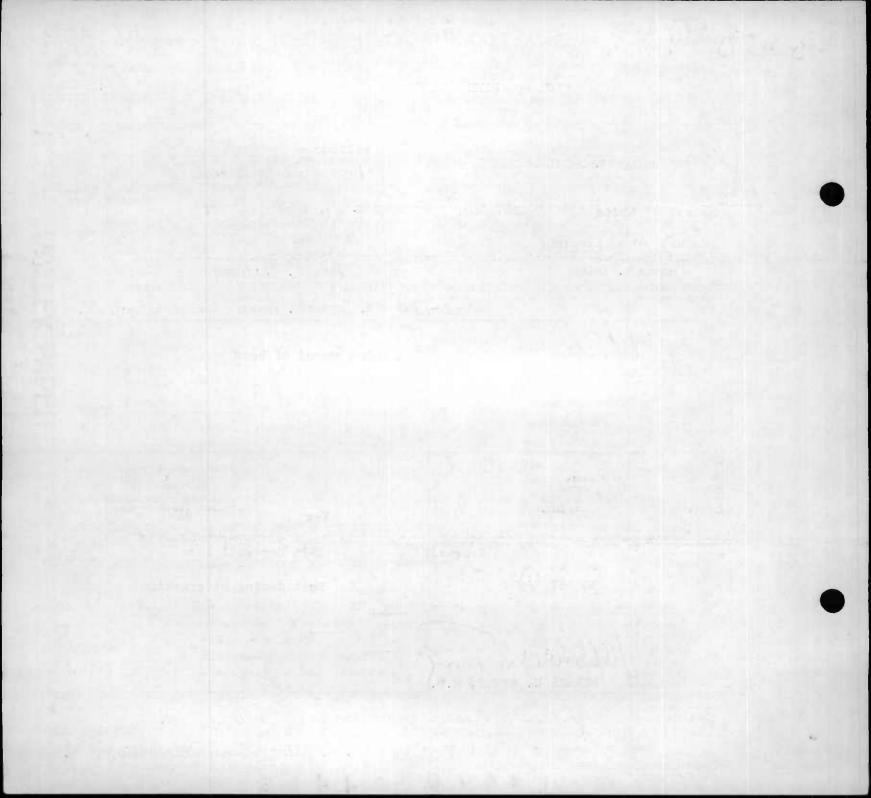
and that in(my) (aur) apinian deoth accurred on the date 25C FUNERAL DIRECTOR ADDRESS

BALL MY 21223 26:18 8. QUIER ST 28 13/4/1 Nogho H 319-3-8616 General Mountain gro lote TEARLY ST Parto med

1	67	44
12 h	BIRTH NO.	
12-6	M.E. CAS	E NO.

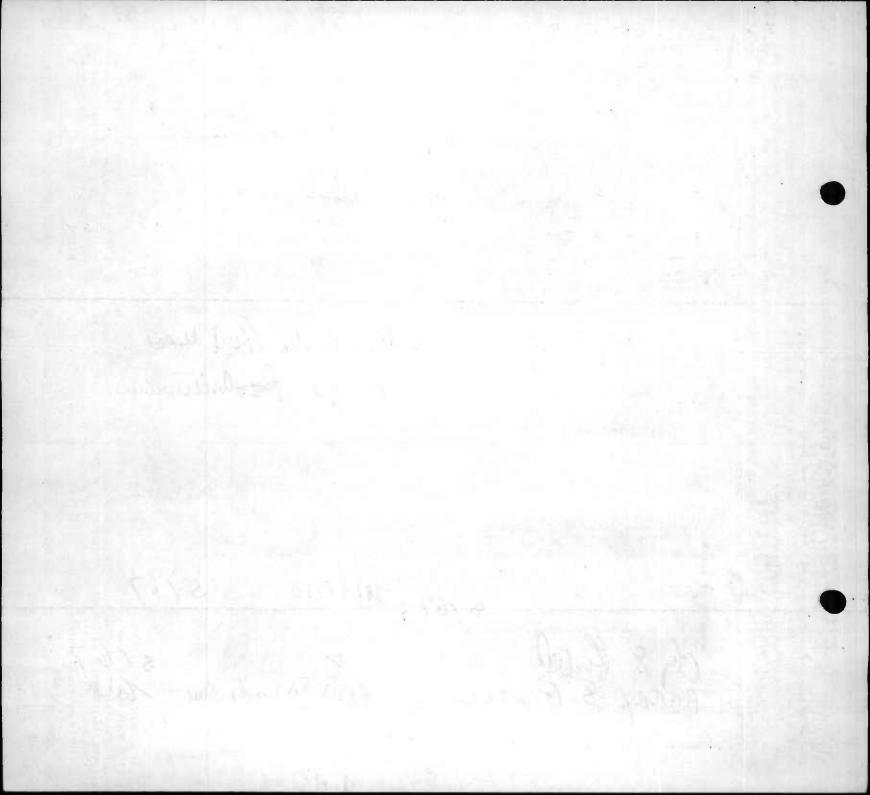
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 4402

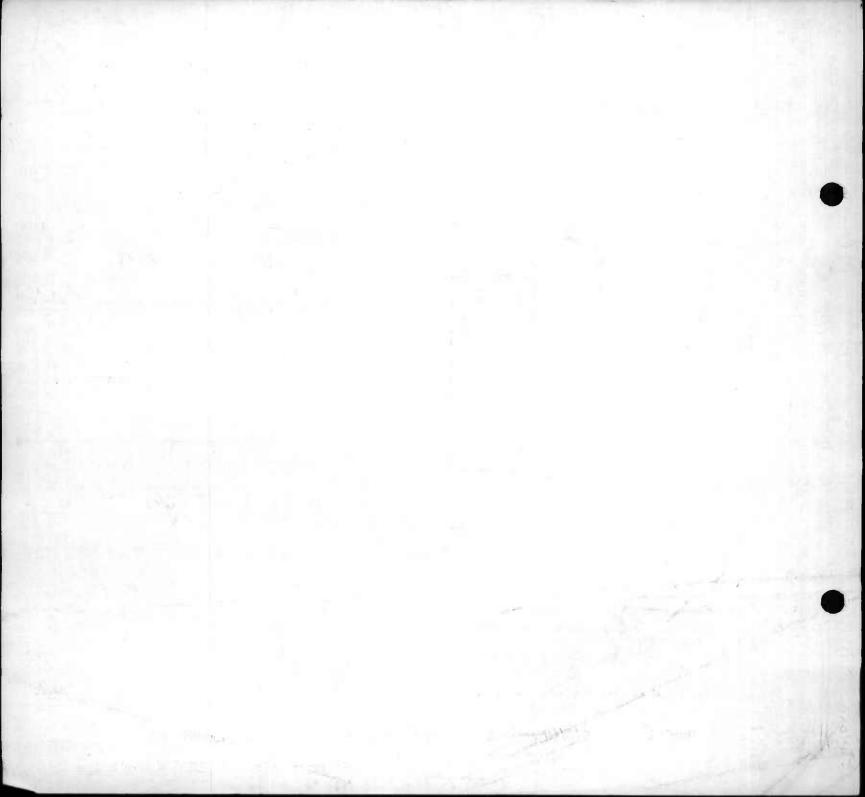
M.E.	CASE NO.							
1. N (Typ	AME OF DEC	EASED				2. DATE AND HOU	R PRONOUNCED	
, ,			RICHARD E	LMO BROWN		4-30-67		3:20 PM M.
3. PL	ACE IN BALTI	IMORE, MARYLAND	O, WHERE PRONO	UNCED DEAD	4. USUAL RESID A. STATE Marylan		ed lived. If institution B. COUNTY	on: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					ote limits, write RU	JRAL and give township)		
11	14				Baltimo			7-01
C	U	NION MEMOR	IAL HOSPIT	TAL - DOA		RESS (If rurol, give lobbotston St		
5. SE	X /	6. RACE	MIDO MED'	NEVER MARRIED DIYORCED (specify)	B. DATE OF BIRT	o los	birthdoy) N	f Under 1 Yr. If Under 24 His. Aonths Doys Hours Min.
	ale	White	Sing		Jan. 25,		29	
	during most of w	PATION (Give kind of conking life, even if reting life, even if reting a per (omp	red)	F BUSINESS OR INDUSTRY	Maryle		ry) 12	2. CITIZEN OF
13. F	ATHER'S NAM	E			14. MOTHER'S M	AIDEN NAME		
	0	es W. Brown				y F. Whitco		
15. W (Yes ₄	no or unknown)	D EVER IN U.S. AR (If yes, give wor or	MED FORCES? dotes of service)	16. SO CIAL SECURITY NO.	17. INFORMANT			DDRESS
/	0	(If yes, give wor or		220-34-7360	Mr. Jame	s W. Brown	Reister	stown. Md.
1	B. E 98	//X1		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY			1 - 6 11		
	(This does n	LEADING TO DE		(A)	inshot wou	nd of head		
	heort failure, injury or con	ot meon the mod osthenia, etc. It m nplication which cou	neons the disease, ised death.)	002 10				
	A	NTECEDENT CA	USES					
		OR CONDITIONS,		DUE TO				
	UNDERLYIN	E ABOVE CAUSE (. IG CONDITION L.	ASTATING THE					100000
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CERTIFICATION	TO THE	NIFICANT CONDITION DEATH BUT NOT R CONDITION CAU	RELATED TO		· · · · · · · · · · · · · · · · · · ·			
CER.	9A. DATE OF		CONDITION FOR PERFORMED	WHICH OPERATION		? (Yes or No) 20B. IF	YES, WERE FINDI	
	DIA. EXTERNAL	L CAUSE WAS	218	PLACE OF INJURY (e.g.,	in or about 21C. V			
O	UNDERLYING	OR CONTRIB-	home	e, form, foctory, street,	office bldg., INJURY	OCCUR?	Tannois Only, give	9 7
司				Sidewalk		526 Carswel		7-01
	OF INJURY	(Month) (Doy)		21E, INJURY OCCURRED	21 F. H	OW DID INJURY OC	CUR?	
	(APPROX.)	4 30	67 1.55 m.	WHILE AT NOT	WHILE X SI	hot during	altercation	on
	22. I cert	ify that I held on	Inquiry 🗌	Inspection Aut	topsyXX and	d that on this basi	s, death in my c	opinion
	result	ted fram: Naturo	I couses .	Accident Suicid	e Hamici	ide X Undete	rmined manner	
		1.11.				EDICAL EXAMIN		DATE SIGNED
	SIGNATI	UREWIS	ns h	M.D.	ASSISTANT M	EDICAL EXAMIN	ER X	
	EXAMIN NAME (7	ER'S	NER U. SPI	5/1	ASSOCIATE M	EDICAL EXAMIN	ER	5-1-67
	BURIAL CREA		E 23	C. NAME of CEMETERY		23D. LOCATIO		wn, or county) (Stote)
	Burial	5/4/	67	Pleasant Gro	ve (emete	ry Boring	g, Md.	
24A	DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C, FUNER	AL DIRECTOR		ADDRESS
		MAY 5 19	57 P.O.	SE Falleman	J. F.	Eline & So.	ns Reista	erstown, Md.
VS	151_PEV 1/1/							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death. IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CITY	HEALTH DEPARTMENT		67 1100
BIRTH NO. 67 4403	CERTIFICA	TE OF DEATH	Registered No	07 4400
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print)	Martin	MAn	1 1, 1967	6 45 n
3. PLACE OF DEATH IN BALTIMORE MARYLAND	1-14-111	I USUAL PESIDENCE (When		tution; residence before admission
FULL NAME OF (If not in hospital or institution		A. STATE B. COUN	TY	B. Oto Ca
HOSPITAL OR oddress or location)	, give sneer	C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
NOITUTITZMI		TR IT		arte one give lownship
3709 W. Mulberry		1-4110		33-00
		D. STREET ADDRESS (If	rurol, give location)	
00		15218 7	209 W000	1 Kd
S. SEX 6. RACE 7. MARRIE	D. NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
	Apriled (specify)			Month's Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or forei	gn country)	12. CITIZEN OF
done during most of working life, even if retired)			,	WHAT COUNTRY?
HO105 P. W. 1+ 4		THE ALV	and-	U51
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
7/		UA	1/ "	
John Slonen		MAHY	KHII	1 ch
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unknown) (If yes, give wor or dotes of service	- 1 M A	M. C	10 11	813 Wedgew
No	204-01-2132	1915 OFACE	Costman	BAITO 29
18. 4,20.01	CAUSE O	F DEATH	1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	·A-	A 1-	11. Th.	ONSET AND DEATH
LEADING TO DEATH	ande	reacherelia /	MM clises	4
(This does not mean the mode of dying, e.g.	g., DUE TO	1		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
heart failure, asthenio, etc. It means the diseas	е,	. 0		
injury or complication which caused deoth.)	0.	P. A.I K.	1. 1)
ANTECEDENT CAUSES	(B)	unifile To	BUNLINE	Umo
	DUE TO V	1	47.7	
rise to the above couse (A) stating the	-			
UNDERLYING CONDITION lost.	(C)	000000000000000000000000000000000000000	en a mante e con es es para para estam es es es estados e verbánicos	***************************************
Z OTHER SIGNIFICANT CONFIDENCE CONTRIBUTE	ALC:			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 198. CONDITION FOI	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUS	IDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED			CLKIII IIII CAO.	-I PERIII.
U 21A. ACCIDENT WAS UNDERLYING 2	18. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	ome, form, factory, street, of tc.)	fice bldg., INJURY OCCUR?		
U	16.7			
	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ĕ OF INJURY	Vhile At Not While			
	Vork At Work		10 1	()
22. I certify that (I) (this hospital) attended	the deceased from	111-1950	0 15-/	6 / 19
		J-W-1	7	
that (I) (we) last saw the deceased alive an	4101	19 and the	at in(my) (aur) apini	an death accurred an the d
and haur and fram the causes stated above.	(1) (Web (did) (did nos)			
	(1) (1) (did) (die ndi) V	the body diter dedin.	1.	O DATE CICNET
23A. SIGNATURE				38. DATE SIGNED
1 de X- Line	M.D. Atte	mding Med.	Stoff Phys.	5-110/
23C. PHYSICIAN'S		23D. ADDRESS	, **	0.0
21C. PHYS CLAN'S NAME (Type)		6.10	1 0	1 1 6911
FARRY B. TimB	6(M.D.	4603 Whn	resident -	1.0000 10.11
	NAME of CEMETERY OF CRE	MATORY	CATION (City,	town, or county) (State)
REMOVAL (Specily)	A CEMETER OF CRE	24D. LC		
BULLA1 MOV4/67 1	tanh nuch	Cem I	bnnV1: 1	o Penny
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	HILLIN	ADDRESS
	0 I. 1	T + F	5	7/
MAY 5 1967 (1) 00 5	E. Farkey MA	W. FELINY	toons h	eisTers Toun M.
/S 150-REV, 1/1/65	6 / 6 1	1 4 4 1		
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VS 150-REV. 1/1/65

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46-82-07 ED

Such

	67 4405		BALTIMORE CITY	HEALTH DEPARTMENT		67 4495
BIRTH NO.	01 4400		CERTIFICA	TE OF DEATH	Registered Na.	. 07 4400
M.E. CASE NO. 1. NAME OF DE (Type or Print)	CEASED	The	rnton	2. DATE A	NO HOUR OF DEATH	605 A
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who		institution: residence before admission
FULL NAME HOSPITAL OF	OF (If not in hospital oddress or location	or institution, gr	ve street	Maryland		RURAL one give township)
Reltimo:	re City Hospit	ala		Baltimore	orong o ony mino, mino	and the one give to the month.
	stern Ave.	C.L.D			rurol, give location)	
	re, Maryland #	21221		1827 Druid	Hill Ave.	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Male	Negro	Marrie	DIVORCED (specify)	5-24- 77	lost birthdoy)	Months Doys Hours Min.
IOA. USUAL OC	CUPATION (Give kind of work of working life, even if retired)			11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY? U.S.A.
2 FATHERS M	AAAF			Maryland	AAF	0.0.A.
13. FATHER'S NA	Thomas Ga	ntt		Elizah		
5. Wos Decease Yes, no oi unknov	ed Ever in U. S. Armed For wn) (If yes, give wor or dote	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	010 7	ADDRESS #21224
			217-263222 CAUSE 0		940 Eastern	Ave. Baltimore, M
DISEASES rise to UNDERLYII	e, asthenio, etc. It means omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION lost. II NIFICANT CONDITIONS CO	ony, giving stating the	(B) A DUE TO	entition at some of Tules a	heros elevat	Many year
	OF OPERATION 198 CON WAS PER	IT. IDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCID	VENT WAS UNDERLYING BUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in p., form, foctory, street, of	n or obout 21C. WHERE DID INJURY OCCUR?	YES (If in Boltimo	ore City, give exoct locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		e At Not White	21F. HOW DID IN	JURY OCCUR?	
22. I certi	fy that (1) (this hospita	l) attended th	e deceased fram	9/28/66	19ta	5/9/ 196
				riew the bady after death.		pinian death accurred an the o
23C. PHYSIC NAME PA	HANS (Type) TRO TRO	J FOG 6	Phy	23D. ADDRESS 4940 Eastern Av	Stoff Phys. X	5-4-67 e, Maryland #21224
24A. BURIAL C	REMATION, 248. DATE	24C. NA	ME of CEMETERY OF CR			City, town, or county) (State
Buria	(Specify) 5-8-67	14.	. Abburn Ce		Balto.	Md.
25A. DATE REC	D BY HEALTH DEPT.	25B. NAME O		25C. FUNERAL DIRECTO		ADDRESS

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Funeral Home 1348

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FUNERAL DIRECTOR: IMPORTANT	5 5	5 6	- B
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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		BALTIMORE CITY	HEALTH DEPARTMEN	IT	CD 440C
BIRT	и но. 67 4406	CERTIFICA:	TE OF DEAT	H Registered Na.	67 4406
	AME OF DECEASED			E AND HOUR OF DEATH	
		sabeth M.	2.	5-1-67	7:05 Pm
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAM	sabein " 1 «	4. USUAL RESIDENCE	(Where deceased lived, If in	stitution: residence before admission)
	//		A. STATE B. C	OUNTY	N TOTAL OF STREET
	FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location)	itution, give street	Maky/	and	2/-05
	NOTITIVIANI.	α	C. CITY OR TOWN	(If outside city limits, write	KUKAL ond give township!
	24 Bon Dece	ours Hosp.	D. STREET ADDRESS	(If ruiol, give location)	
,	07	, ,	3903	1 1 1	Aug.
		ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 His.
5. S	6. RACE 7. M.	DOWED, DIVORCED (specify)	7/12/01	lost birthdoy)	Months Doys Hours Min.
-43	USUAL OCCUPATION (Give kind of work 108, K	vidowed	1/03/93	3 7/	12. CITIZEN OF
	e during most of working life, even if retired)	IND OF BOSINESS OK INDOSIKI	O	r foreign country)	WHAT COUNTRY?
	Housewife		TennA	, Philadelphi	.a
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	John Shorm	a 10	Marth	Chenna	ugt
15.	Wos Deceased Ever in U. S. Armed Forces?		17. INFORMANT	CHETTIA	ADDRESS
(Ye	s,no oi unknown) (If yes, give wor or dotes of s			. m	2002 11-3
n	10	215 50 3382		s S. Tawney	3903 Walnut Ave.
	18. 1992 I	CAUSE OF	DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLE LEADING TO DEATH		1-2 referen	munal Ca	8
	(This does not mean the mode of dying	, e.g., DUE TO	- 1	minal Ca	4
	heart failure, asthenia, etc. 11 means the d injury ar camplication which caused death	iseose,	enter tm	al Obuthung	ten
	ANTECEDENT CAUSES	(8)			
		DUE TO			
	DISEASES OR CONDITIONS, if ony, rise to the above cause (A) statir				
	UNDERLYING CONDITION last.				
_	11				
ATIO	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED				
CAI	19A. DATE OF OPERATION 19B. CONDITION	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMI		NO	IN CERTIFYING CA	USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY(e.g., in		ND (If in Boltimor	e City, give exoct locotion)
AL.	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, off	fice bldg., INJURY OCCL		,, ,
DIC.			215 110 11 011	D INLUIAN O CCUM	
MED	OF INJURY (Month) (Doy) (Yeor) (Hos	While At Not While		D INJURY OCCUR?	
-	(APPROX.)	Work At Work			
	22. I certify that (1) (this hospital) atte	nded the deceased fram		19to	19
	that (1) (we) lost sow the deceased ali	ve on	19	nd that in (my) (aur) op	inion deoth occurred on the date
	and have and from the causes stated at	pave. (1) (We) (did) (did nat) v	iew the bady after de	eath.	
	23A. SIGNATURE		· · · · · · · · · · · · · · · · · · ·		238. DATE SIGNED
	S. 19 Games	M.D. Atte	nding Med.	Stoff Phys.	Mzy 1.1969
	28C. PHYSICIAN'S		23 D. ADDRESS		
	NAME (Type)	CORO M.D.	Bon Secon	urs Hospital	
24.		24C. NAME of CEMETERY OF CRE			ity, town, or county) (Stote)
1247	REMOVAL (Specify)			-D. LOCATION (C	into town, or coomy, (side)
	Burial 5/4/67	Parkwood Ceme	The second secon		Maryland
254	A, DATE REC'D BY HEALTH DEPT. 258. I	NAME OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	MAY 9 195/ 06	ELL E MILLIAM O	HENRY S.	ANDER & SONS	
	150-REV. 1/1/65		DALTIM	JHE MARYLAND)

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S.V. Gannes

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2, DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) BOTT, ELSIE 1250 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A, STATE
B, COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) BLVD If Under 1 Yr., If Und Months: Doys : Hours If Under 24 Hrs. Hours : Min. 12. CITIZEN OF WHAT COUNTRY? AMERICAN ADDRESS ABBOTT 6302 ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 67 and that in(my) (aur) apinion death accurred on the date 23 B. DATE SIGNED UNION MEMORIAL 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

THENDY MERICALES IN THE STATE MESTE 6302 MC GLEAN BLYE FRALE WHITE WILDER 87 18 - 55 178 WIREYL OWD ANERSON ..

> SANDT RUBIN THOMPS HUBBAN

APLASTIC ANEMINA 2 MONTHS LYMOHOS ARCOMA 1 YEAR

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A-3 42 42 -E

IMPORTANT DIRECTOR: FUNERAL

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hospital

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH of death Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo SCHI death. 3. PLACE OF DEATH IN BALTIMORE 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission ance B. COUNTY A. STATE (2) not in hospital FULL NAME OF HOSPITAL OR INSTITUTION oddress or location) C. CITY OR TOWN (If outside city cause; attend 0 prior WESTERA is made. (4) Undetermined regular 9. AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Un If Under 24 Hrs. deceased QIVORCED (specify) lost birthdov WIDOWED. 10A. USUAL OCCUPATION Give Kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF BIRTHPLACE (Stote or foreign country) isposition done during most of working life, even if retired) Was 14. MOTHERS MAIDEN NAME 13. FATHER'S NAME the PRICE eath O 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) 17. INFORMAN ADDRESS final SECURITY NO attendance CAUSE OF DEATH pronounced INTERVAL BETWEEN 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (This does not mean the made of dying, e.g., embal hearl failure, asthenia, etc. It means the disease, 9 injury or camplication which caused death.) regu ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the physician UNDERLYING CONDITION last. the remains Was 100 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH PPERATION · AUJORSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS-PERFORMEDbefore 21C. WHERE DID 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in (If in Baltimare City, give exact lacation) where home, form, foctory, street, office °Z MEDICAL DEATH (notify medical exominer etc.) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 Not While OF INJURY (except While At (APPROX.) At Work and Work any 22. I certify that (1) (this hospital) attended the deceased from 6that (H) (we) last saw the deceased alive an and that in (my) (aur) apinian death accorred on the date pe of eath) hospital and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death. must An accident 23A. SIGN 23 B. DATE SIGNED Ö Attending [M.D. Med. Stoff 0 Phys. Director Phys. written approval 0 prior 28C. PHYSICIAN'S 23D. ADDRESS at MAME (Jype) M.D D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased REMOVAL (Specify) Baltimore Maryland 5-6-1967 shows: Lorraine M ds 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Witzke Funeral Dir. 4101 Edmondson Ave. T VS 150-REV. 1/1/65

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& Sons Co. 4905 York Rd.

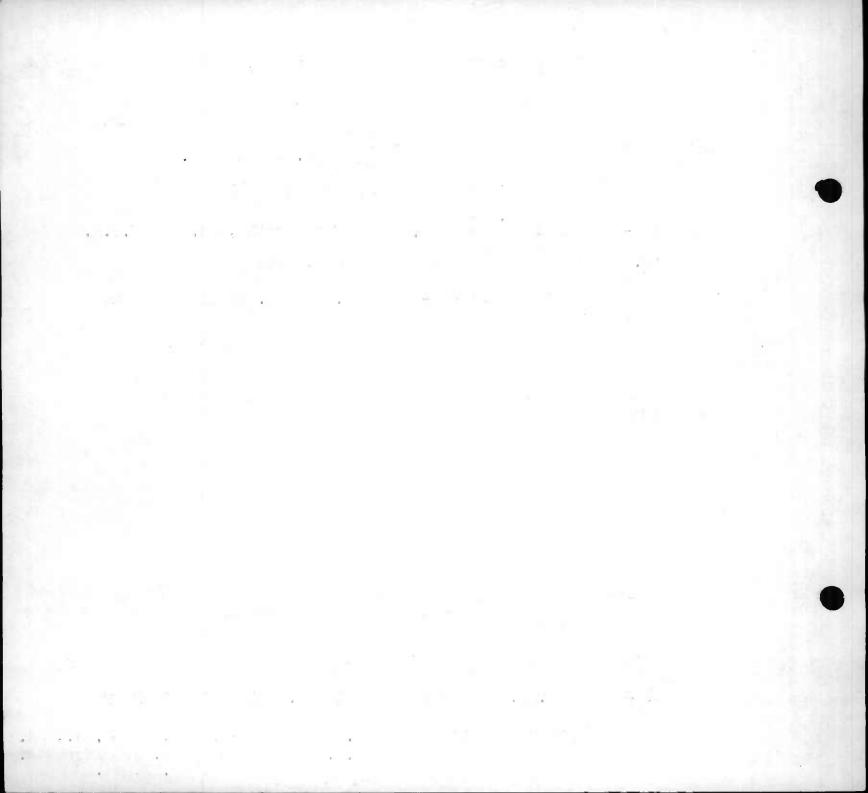
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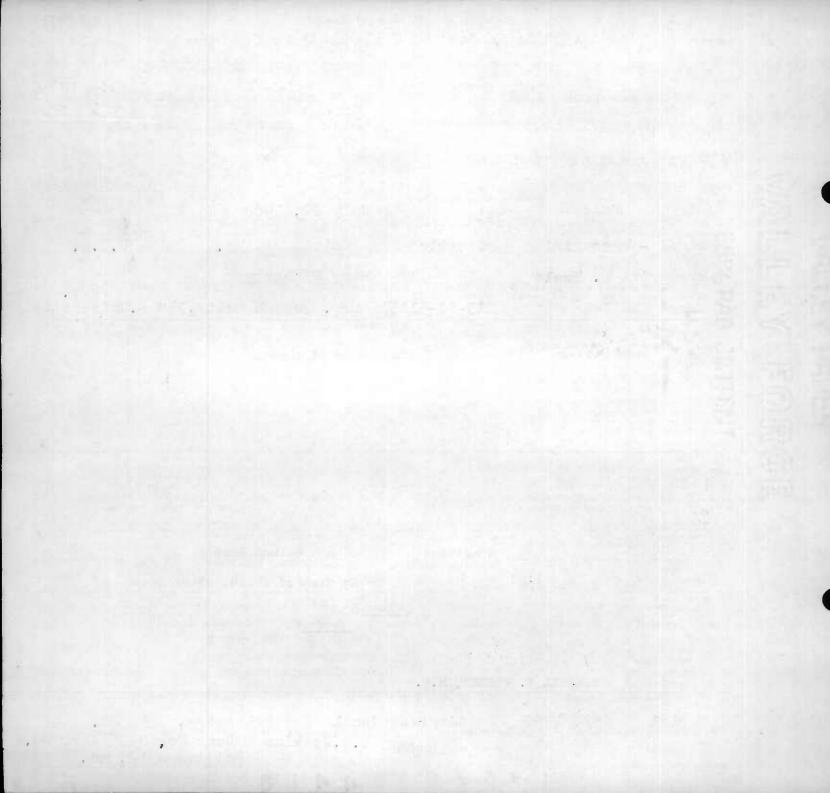
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FUNERAL DIRECTOR:

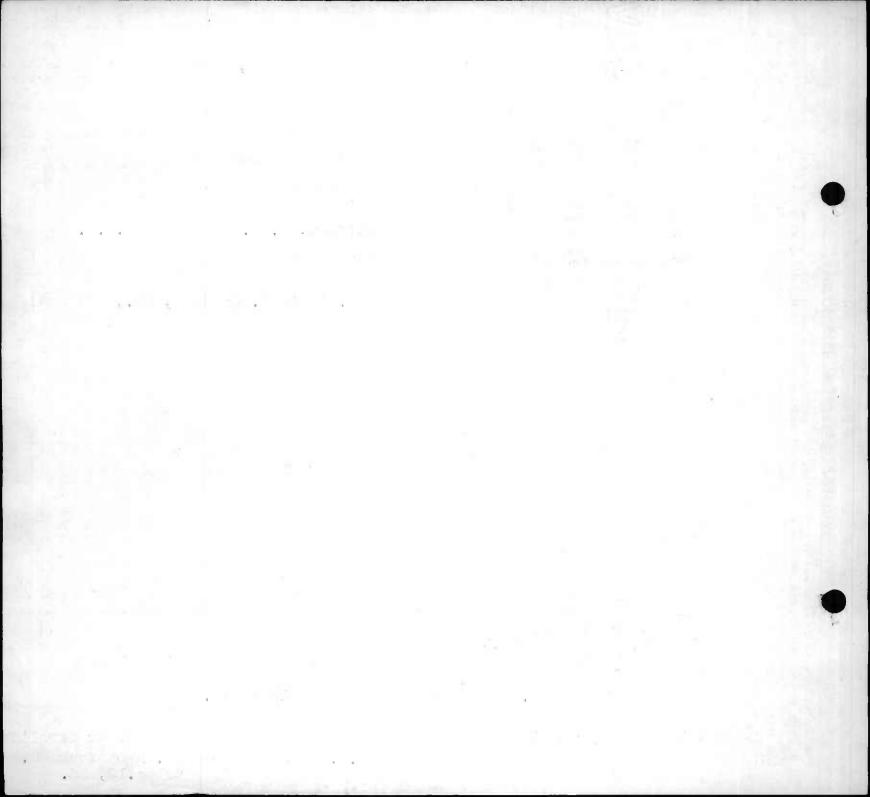
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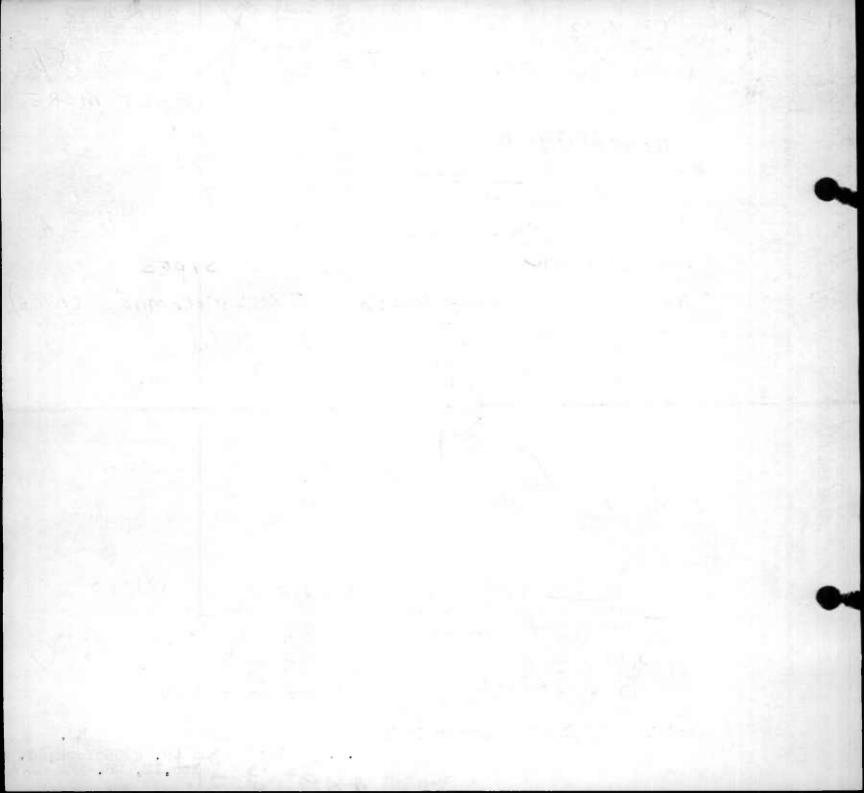


BIR	TH NO.	4410 MED	ICAL E	XAMINER'S CE			DEATH Regist	ered Na	4410
_	E. CASE NO.								
l. (Ťy	Pe or Print)						D HOUR PRONOUNG	CED DEAD	
2	DI ACE IN BALL	CHA	ARLES	HENRY TWELE	4 HEHAL DEELD	5-3-			1:45 PM M.
FU	LL NAME OF		TAL OR INSTI	TUTION, GIVE STREET	Marylan	nd WN (If outsid	B. CO	UNTY	d give lownship)
4	UNION	MEMORIAL HOS	SPITAL .	- DOA	D. STREET ADD			1218	1202
5.	SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRT				1 Yr. If Under 24 Hrs.
1	Male	White	WIDO WED,	DIVORCED(specily)	July 2		9. AGE (In years lost birthday) 67	Months	Doys Hours Min.
		UPATION (Give kind of wo working life, even if retired)	rk TOB. KIND C	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZE	N OF T COUNTRY?
Re	etired	Electric	ian	Electric	Balt	imore	Md.		J.S.A.
13.	FATHER'S NAM	A E			14. MOTHER'S M	AIDEN NAM			
	Freder	ick W. Twe	le		Mary F	laher	ZA		
	WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		*	ADDRESS	Pkwy.
	Yes	WWII	es di selvicer	213-03-5115	Mrs.	Joseph	Nolty.3	10 E.I	Jniversity
-	1B.	0.5.17			OF DEATH	T T T T T T T T T T T T T T T T T T T		10 20	INTERVAL BETWEEN
	E7	8 × XI		67035	OI DEAIII				ONSET AND DEATH
	DISEA	SE OR CONDITION D	HECTLY	Stat	wound of	f chest			
	(This daes heart failure, injury or ca	not mean the mode o , osthenio, etc. It mean mplication which caused	f dying, e.g. s the diseose						•••••••••••••••••••••••••••••••••••••••
		OR CONDITIONS, IF		(B)		************			*** 000 00 00 00 00 00 00 00 00 00 00 00
	RISE TO TH	E ABOVE CAUSE (A) S	TATING THE	DOE 10				- Y	
z	ONDEREIN	TO CONDINON EXSI.		(C)	** ****************	^^^^			
은		II							
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RIR CONDITION CAUSIN	ELATED TO						
CERT	19A. DATE OF	OPERATION 198, COI	NDITION FOR	WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE F		
MEDICAL	UNDERLYING)	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B hom etc.	PLACE OF INJURY (e.g., in the form, foctory, street, of Apartment	fice bldg., INJURY	OCCUR?	of Avenue	jive exoct la	9-08
2	21 D TIME OF INJURY	(Month) (Day) (Yes		21E, INJURY OCCURRED	21 F. HC	THI DID MC	RY OCCUR?	100	
	(APPROX.)	5 3 '67	7 1:30 m.	WHILE AT NOT V	ORK X Sta	abbed d	uring alter	cation	
	l cer	tify that I held an					s basis, death in		
	resul	ted fram: Natural co	ouses	Accident Suicide			Indetermined mann	ier	
	ACTUAL		foul	res "	ASSISTANT M		AMINER X		DATE SIGNED
	EXAMIN NAME (ER'S	LL S. F.	ISHER, M.D.	ASSOCIATE M				5-3-67
	BURIAL CRE	MATION, 238 DATE		3C. NAME OF CEMETERY OF	CREMATORY	23 D. L	OCATION (City	, town, or c	ounty) (Stote)
	Burial	1 10 1	967	BaltimoreNa	tional	Be	altimore.		Md.
24/	DATE REC'D			OF REGISTRAR		nkins	& Sons Co		5 York Rd
VS	151-REV. 1/1/	65	2 212	1 ** **	-		DOL ULINO.	0 12	1100



VS 150-REV. 1/1/65





67 4413	BALTIMORE CITY HEALT.	67	AAAR
BIRTH NO.	CERTIFICATE OF DE	ATH Registered No.	TXLO
M.E. CASE NO.			
(Type or Print) Margaret Kable	Winslow	3 May 1967	2:50 AN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDE	B. COUNTY	tion: residence before admission)
FULL NAME OF (If not in hospital or institution, and the state of the	C. CHY OR TOW	N (If outside city limits, write RUR	AL and give () was ship)
8 University Hosp	D. STREET ADDRI	SS (If oral, give location)	
5. SEX 6. RACE 1 7. MARRIED.	1 4608	Moland H	venye
WI WIDOWED	NEVER MARRIED, DIVORCED (specify)	7.5 tast birthday) 91 M	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.
IDA. USUAL OCCUPATION (Give kind of work IDB, KIND OF done during most of working life, even if retired)	1/1/	tate or foreign country)	2. CITIZEN OF WHAT COUNTRY?
NUrse NOT	RSING MARY	I and	USH
LiewellynMassey	Emi	lieThomas	
15. Was Deceased Ever in U. S. Armed Force ?? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT	ital record:	ADDRESS
18. H20./1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 Muocard	ial infarction	24 hrs,
(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or camplication which caused death.)	DUE TO		12 12.
ANTECEDENT CAUSES	(B) Gastro Inv	estinal hemorrhage	12 rus
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)	0	•
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Arderiosclerotic	CVD	
198. CONDITION FOR V	HICH OPERATION 20A. AUTOPSY?	(Yes or Na) 208. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in or obout 21C. WHI c., farm, factory, street, office bidg, INJURY C	RE DID (If in Baltimare Ci DCCUR?	ty, give exoct lacation)
OF INJURY While	e At Not While	V DID INJURY OCCUR?	
Worl		19 5	3
22. I certify that (1) (this haspital) attended the		19 67 ta 3 /	3 1967
that ((we) last saw the deceased alive an			n death accurred an the date
and hayf and from the causes stated above.	(we) (did) (did not) view the bady afte		B. DATE SIGNED
Susan L. Hou	Attending Mer Dire	d. Stoff	5/3/67
NAME (Type)		rongity Wognitel	
Susan L. Howard 24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify) 24C. NA	ME of CEMETERY OF CREMATORY	versity Hospital	own, or county) (State)
Danie 2 / / /20/ 12 /	ends Burial Ground	Bal timore,	Md.
2/2/-/-		DIRECTOR & Sons Co.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	n.w.Jeni	Balto.12. M	d.
VS 150-REV. 1/1985	1000000	4	

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5. SEX

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BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO. 67 4414 CERTIFICA	TE OF DEATH Registered No 0 4414		
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print) Mac A. Alexander	May 2, 1967		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Md. Baltimore C. CITY OR TOWN (If outside city limits, write BURAL and give township). Baltimore D. STREET ADDRESS (If rural, give location) 21 N. Kossuth St.		
21N KOS Sult ST			
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	B. DATE OF BIRTH 9. AGE (In years Oct. 16, 1889 ost birty) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Retired	11. BIRTHPLACE (Stote or foreign country) Baltimore Maryland 12. CITIZEN OF WHAT COUNTRY?		
John Popp	14. MOTHER'S MAIDEN NAME		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) no 16. SOCIAL SECURITY No. 215-22-2291	17. INFORMANT ADDRESS William N. Karcher 21 N. Karakak Kossuth St.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc., It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	Ansefratu (V). year		

5. Ye	Wos Deceased Ever in U. S, s, no or unknown) (If yes, give	Armed Forces? wor or dotes of servi	16. SOCIAL SECURITY NO. 215-22-2291	7. INFORMANT William N. K	archer 21 N.	ADDRESS KICKEK Kossuth
	DISEASE OR CONE LEADING TO	DEATH	CAUSE OF	24	u (V)	INTERVAL BETWEEN ONSET AND DEATH
	heort foilure, osthenia, etc injury or complication whi ANTECEDEN	, It means the dise ch caused death.)	ase,	insefrot	ucvy.	year
	DISEASES OR CONDITI	ouse (A) slating			***************************************	
ATION	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO				4
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CALL			IDINGS CONSIDERED LES OF DEATH?		
CAL CE	21A, ACCIDENT WAS UND OR CONTRIBUTING CAL DEATH (notify medical exam	SE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)		(If in Boltimore C	City, give exact tocotion)
MEDI	21D. TIME (Month) (D OF INJURY (APPROX.)	oy) (Yeor) (Hour)	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID IN.	JURY OCCUR?	
	that (1) (we) lost sow th	e deceosed alive	ed the deceosed from	1 19/67 ond th	not in (my) (our) opini	on deoth occurred on the dote
	23A. SIGNATURE	Jebon	M.D. Atten	ding Med.		5/3/67
	Dr. John C		M.D.	3325 TA	edwich	ar
4.4	REMOVAL (Specify)	5-5-1967	Greenmount	MATORY 24D. L	Baltimore (City,	Maryland (Stote)
5A	MAY 5		AE OF REGISTRAR	Witzke F.D.		ADDRESS
S	150-REV. 1/1/65	1	to the	6 6		

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Mr. Jehn C. Found

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1	CM 4445	BALTIMORE CIT	Y HEALTH DEPARTMENT	CTY ALA
BIF	ин но. 67 4415	CERTIFICA	TE OF DEATH Registered No	67 4415
	E CASE NO.	dekinio,	2. DATE AND HOUR OF DEATH	
	NAME OF DECEASED	1/1/ 1/	WILL GOLD	
12	PLACE OF DEATH IN BALTIMORE, MARYLAND	milleure	II USUAL RESIDENCE (When decored lived If institu	tion: residence before admission)
3.	TEACE OF DEATH IN BALLIMONS, MAKILAND		4. USUAL RESIDENCE (When deceased lived. If institu	non residence before damasium
1	FULL NAME OF (If not in hospital at institut	ion, give street	ma	
	HOSPITAL OR oddiess or location) INSTITUTION		C. CITY OR TOWN	Al ond give township
			Ballemore	8
AD.	D, d40 6 01		D. STREET ADDRESS (If rural, give location)	16
4	0 1840 E. Chase	2_	1840 6. (Mase A	2,
5.		RIED, NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years If	Under 1 Yr. , If Under 24 Hrs.
11/	7. 1 Que 1 WIDO	WED, DIVORCED (specify)	al 3 1891 lost birthdoy	onths Doys Hours Min.
10	A USUAL OCCUPATION (GIVE kind of Work 108, KIN)	OF BUSINESS OR INDUSTRY	111. BIRTHPLA OE (State or foreign country)	2. CITIZEN OF
do	ne during most of working life, even if retired)		A 11 5 5 1	WHAT COUNTRY?
	Housewife		Daltimore Me	
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Pelase B. and		Coming min.	
15	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	M. INFORMANT	ADDRESS
	es, no or unknown) (If yes, give wor or dotes of servi		D. 1 111 04 CA	0
	THE		gutte Jules 18400 Ch	ace of
	18.	CAUSE	OF DEATH	INTERVAL SETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		+01	
	LEADING TO DEATH	(A)	all Broncho prouming	
	(This does not mean the made of dying, heart failure, asthenio, etc. It means the dise			
	injury or complication which caused death.)	(0	interio scheratic Conhamaly	9
	ANTECEDENT CAUSES	(B) DUE TO	None 20 aveter (at Constant	Croxox
	DISEASES OR CONDITIONS, if any, gi		a man a man	
H	rise to the above cause (A) stating		Generaliza anterio salera	4-5
	UNDERLYING CONDITION last.	ě.	•	
,	, II	- 0		
I G	OTHER SIGNIFICANT CONDITIONS CONTRIBUTOR TO THE DEATH BUT NOT RELATED TO	TING THE	rully	
4	DISEASE OR CONDITION CAUSING II.			
FRTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINE IN CERTIFYING CAUSE	S OF DEATH?
8	0	-0-		
0	OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or about 21 C. WHERE DID (If in Boltimore Ci office bldg., INJURY OCCUR?	ly, give exact location)
N	DEATH (notify medical examiner)	etc.)		
i i	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
1 2	(APPROX.)	While At Not Wh		
		Work At Work		10
	22. I certify that (1) (this hospital) attend	ed the deceased from	2/2 19 10 51	19 6/
	tho (1) we) lost sow the deceased alive	on 3/3	19 ond that in (my) (aur) apinio	n death accurred on the date
	and haur and fram the causes stated abov	e. (1) (We) (did) (did not)	view the body after death.	
	23A. SIGNATURE			B. DATE, SIGNED
	51-00 N N C.	M.D. AI	lending Med. Stoff	000
	Storley D. Mobiles	YAN Ph	ys. Director Phys.	3/3/4/
	NAME (Typ Stamley D. Madis	m 95	23D. ADDRESS 2444 E Byddle SA	Belle, md
	Jeaning D. Madis	on, III. D. M.D		4
24		C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City,	lown, or county) (State)
	REMOVAL (Specify)	my Dal	18. 10 A. 7.	2 700
25	A. DATE REC'D BY HEALTH DEPT. 258, NA.	ME OF REGISTRAR	Ceny Wall Count	ADDRESS
25	ADD - W //	- 4 7 4/	25C. FUNERAL DIRECTOR	7 SAM 1 -
	MAY 5 1967 R.C	sent Enton Weight	Jake 4 College	1124 11. Callains
VS	150-REV. 1/1/65	7 4 4 4	1000	

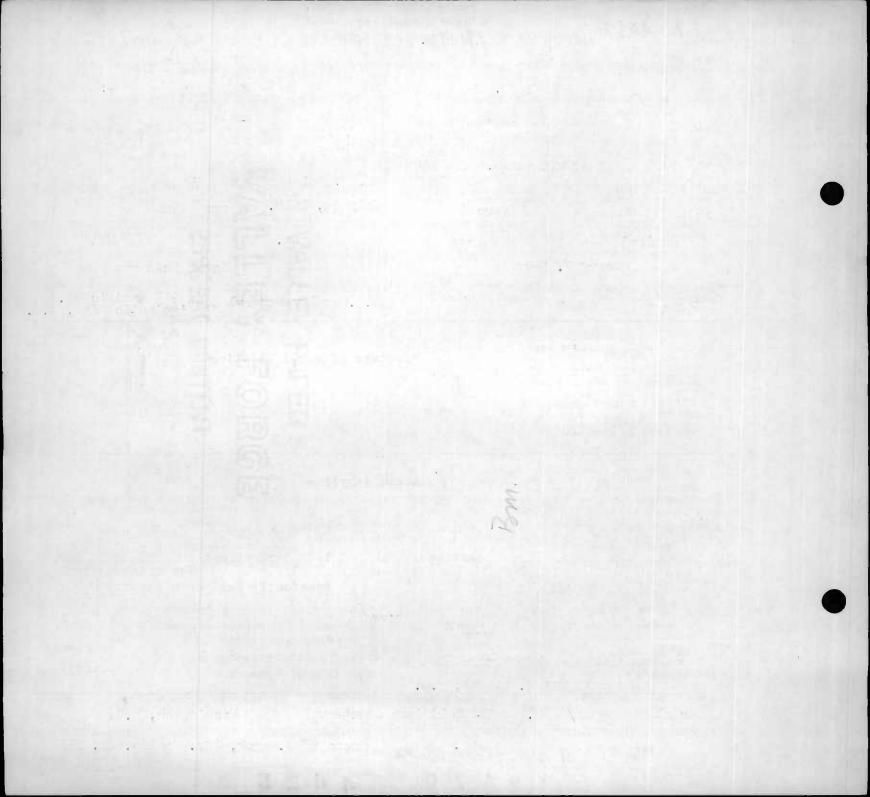
1846 Char. 18 H E. Meder St. St 184 18 Smile Toller & Mide Amount Lyans Milles Futh Jelle 1840 Eller there maybe with some line and lowerty with

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		BALTIMORE CITY	HEALTH DEPARTMENT		67 4416
	416	CERTIFICA	TE OF DEATH	Registered No	07 4416
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	leal		2. DATE AN	HOUR OF DEATH	12: \$\$ nu
3. PLACE OF DEATH IN BA	LTIMORE MARYLAND		4. USUAL RESIDENCE (When	e deceased tived. If ins	titution: residence before admission)
FULL NAME OF (IF HOSPITAL OR add	nat in haspital ar institut ress ar lacotian)	ian, give stieet	Mg.	side city limits wile RI	URAL and give tawnship
B2, ,			De STREET ADDRESS - (III	utol, give location)	0
(wives it	of Wlacz	land Hospital	100 - 1	iquith St	
5. SEX 6. RACE		RIED, NEVER MARRIED DWED, DIVORCED (specify)		ast birthday	onths Days Haurs Min.
10A. USUAL OCCUPATION (dane during most of working life,		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
Housewite	h	lousemile	IV.C.		U.S.A.
13. FATHER'S NAME	\		14. MOTHER'S MAIDEN NAM	AE [
Henry Hs	berry	19.6	Jessie War	(en /es)	
15. Was Deceased Ever in U (Yes, na ar unknawn) (If yes, g	ve was ar dates of servi	security NO.	17. INFORMANT	2 / 100	ADDRESS
18.		CAUSE O	1/orue of	ak 1/20	/wegulle of
	NDITION DIRECTLY	CAUSE	/ .		ONSET AND DEATH
LEADING	TO DEATH	(A)	venue		
(This does not meon heart failure, astheria,	etc. It meons the dise			, _	
injuly or complication	which coused deoth.) ENT CAUSES	(B) Sz.	cell Ca 1 Cx .	stage III	
DISEASES OR CONE		DUE TO	• On a weekee • On • On • = - aan • OO • • a • O • o a a ee b an ee • O • • o e e		0000 000 000 000 000 000 000 000 000 0
rise to the obove	cause (A) stating		p n gọọn ggg n ggg ng gan na ana ggan n cona ana ana ana ana ana an		
ONDERENING CONDI	11				_
OTHER SIGNIFICANT C TO THE DEATH BI DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. ACCIDENT WAS L	T NOT RELATED TO	THE			
19A-DATE OF OPERATION	WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING OF DEATH (notify medical e	AUSE OF	21 B. PLACE OF INJURY (e.g., i hame, faim, factory, street, a etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacotian)
OF INJURY (APPROX.)	(Day) (Year) (Hourt	21E. INJURY OCCURRED While At Nat While At Wark	21 F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this hospital) ottend	ed the deceosed from		9 L7 to	5 4 19 67
that (I) (we) lost sow	the deceased olive	on 12:00 molny	U 517 67 ond the	ot in (my) (our) opin	ion deoth occurred on the dote
		e. (1) (We) (did) (did not)			
23A. SIGNATURE	1/	0		51.11	23B. DATE SIGNED
Joseve	d Jaylor,	M.D. Att		Stoff Phy s.	5567
23C. PHYSTICIAM'S NAME (Type)	laylor,	5. M.D.	23D. ADDRESS	Husple 1	(I Nace led
24A. BURIAL CREMATION, REMOVAL (Specify)	5/9/69	C. NAME OF CEMETERY OF CR	ematory Park 7	CATION (City	r, tawn, or cauntyt (State)
25A. DATE REC'D BY HEALT	H DEPT: 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	40.1	ADDRESS

There & Rak 1720 1655 ... Burial Stylet Carre Man Tark Lake wir nal

BIRTH NO. 4417 MEDICAL EX	(AMINER'S C	ERTIFICATE	OF DEATH Reg	sered No	7 4417
M.E. CASE NO.				V	
1. NAME OF DECEASED (Type or Print)			ATE AND HOUR PRONOU	NCED DEAD	6 15 15
HENRY T.			5-3-67		6:45 AM N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU		District o	f Columbia	COUNTY	
HOSPITAL OR ADDRESS OR LOCATION)	o non, or to singer	Washington	If outside corporate limits,	write RURAL o	nd give township)
1733 BANK STREET - Amb	. Crew #10	D. STREET ADDRESS			
5. SEX 6. RACE 7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	iers Home 9. AGE (In year	ara III II ada	er 1 Yr. If Under 24 H
WIDOWED,	DIVORCED (specify)	July 14, 19	- (lost birthday)	Months	Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	F BUSINESS OR INDUSTR	17 11. BIRTHPLACE (Stote Penn		12. CITIZ WHA	EN OF COUNTRY?
13. FATHER'S NAME Henry T. Loux		14. MOTHER'S MAIDEN	NAME Sarah	McAndre	ew
				of the same	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) Yes WW 2	16. SOCIAL SECURITY NO.	H.M.Gormley	Funeral Home	911 Pac Atlant:	cific St. ic City, N.
LEADING TO DEATH (This does not meen the mode of dying, e.g., heort foilure, osthenio, etc. It meens the discose, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO TO THE DEATH BUT NOT RELATED TO TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	(B)(C)	cture of cerv	ical spine		
DISEASE OR CONDITION CAUSING IT.	Acu.	te ethylism			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208. IF YES, WERE IN CERTIFYING C		
UTING CAUSE OF DEATH.	Apartment	office bldg., INJURY OCC	DID (If in Boltimore City CUR? Bank Street	, give exoct le	ecotion)
OF INJURY	WHILE AT AT WORK	WHILE	ently fell do		king and
22. I certify that I held an Inquiry			t an this basis, death i	E-1/10	
ACTUAL SIGNATURE EXAMINER'S	Accident X Suicio	de Hamicide	AL EXAMINER X	inner 🗌	DATE SIGNED 5-3-67
NAME (Type) RUSSELL S. FI					
PEMOVAL (Specify)	c. NAME of CEMETERY Old Sold iers			gton, D.	
24A. DATE REC'D BY HEALTH DEPT. 248, NAME	OF REGISTRAR	24C. FUNERAL DI		Ro 1+o	ADDRESS Md 27271



FUNERAL DIRECTOR: IMPORTANT		h
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	occurred in a hospital and	
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	rmined cause; (5) Deceased	1
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	egular attendance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such 🔼	ased prior to death. Such	1
written approval must be obtained before the remains are embalmed or final disposition is made,	s made.	

TH NO. 67 4418 E. CASE NO. NAME OF DECEASED.	CERTIFICA	TE OF DEATH	Registered No	67 4418
TALLE OF DECELOR				
pe or Print) Louis Meyer.		2. DATE A	ND HOUR OF DEATH	255
PLACE OF DEATH IN BALTIMORE MARYLAND				itution: residence before admis
FULL NAME OF (If not in hospital or institution) White the state of t		Mary Land C. CITY OR TOWN, (IF OF	utside city limits, write RU	
t union	an Mospila		rurol, give locotion) SRODE AV	enve.
WID WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 1 4 26/88.	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M 2 Norths M
ne during most of working life, even if retired)	rance Agent	USA -	Bart. my.	WHAT COUNTRY?
Edward meyer	•		WOLE	
Was Deceased Ever in U. S. Armed Forges? s,no of unknown) (If yes, give wor or doller of ser	16. SOCIAL SECURITY NO. 212-07-2940	Mrs. Annie Mey	er	(Same)
LEADING TO DEATH (This does not mean the mode of dying, heart failure, astheria, etc. It means the disinjury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, going the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	iving Ihe (C) A C	Monary Em T Vrung Peter e nyin Mostate	Jerrophy Iphysina tun- hypertrop	4]
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	A 1.	n or obout 21 C. WHERE DID		NDINGS CONSIDERED SES OF DEATH? City, give exact location)
21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (this haspital) attended that (we) last saw the deceased alive and haur and from the causes stated about	an 5/4	19 67 and t		ian death accurred an the
23C. PHYSICIANS NAME (Type)		ending Med. S. Director 23D. ADDRESS	Stoff Phys.	23 B. DATE SIGNED 5/4/67
DAVID S.SCHWARTZ	M.D.	THE UNION ME	MORIAL HOSI	PITAL
A. BURIAL CREMATION, REMOVAL (Specify) 5/8/67.	Parkwood Cemete	MATORY 24D.		, town, or county) (Sto
A. DATE REC'D BY HEALTH DEPT. 258. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTO	R	to. Md. 21214

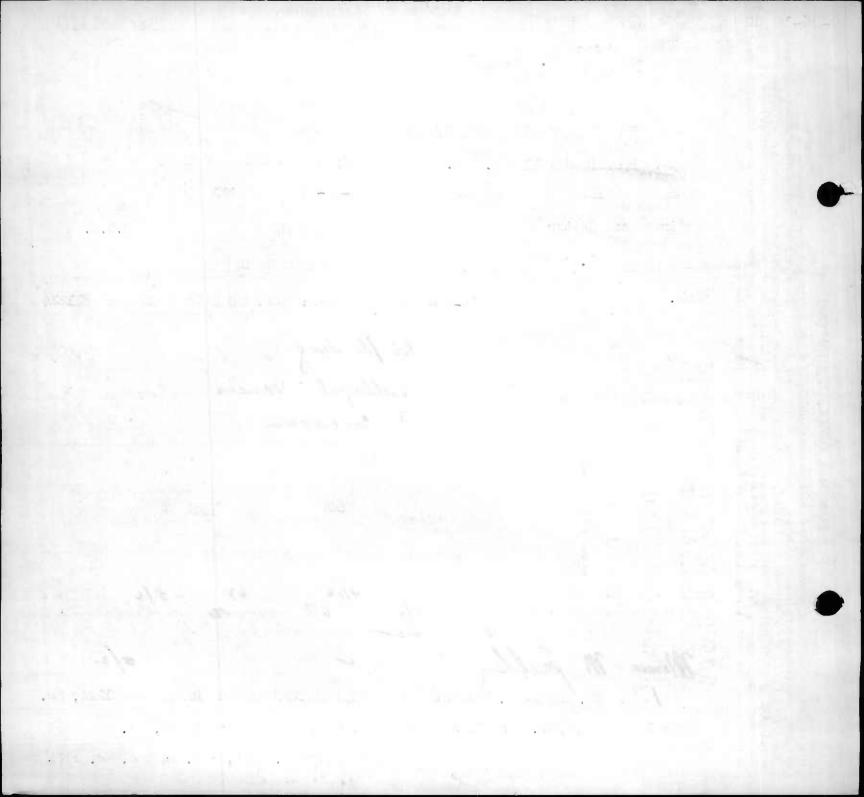
When Memorial High STIB ELLIROBE PARKUE 2001 St 88/22/01 thee White Hamil AZU . Just Tund - AZU Network ment mort Edward Meger. 480 Luper breezen 265 Bernin Grotet & Jestrick Putamonary Englishmen A Cotton Martin hygerte pt -On field training terration NO June d. show 71 41355 11 THE COUNTY THE PLANE OF THE and according Ones, St. offer, and read of the

D.O.A.

SDM

eceased

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Ilf outside city limits, with RURAN and give If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF U.S.A. ADDRESS RECORDS: BCH 4940 EASTERN Avenue ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my (aur) opinion death occurred an the date 23B. DATE SIGNED 4940 EASTERN AVENUE BALTIMORE 21224. MD. DR. MONICA M. BUCKLEY M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION Buria I 5/6/67. Ga rdens of Faith Cemetery Baltimore, Md. 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Ba 1to. Md. 21214 VS 150-REV. 1/1/65



written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

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prior to death.

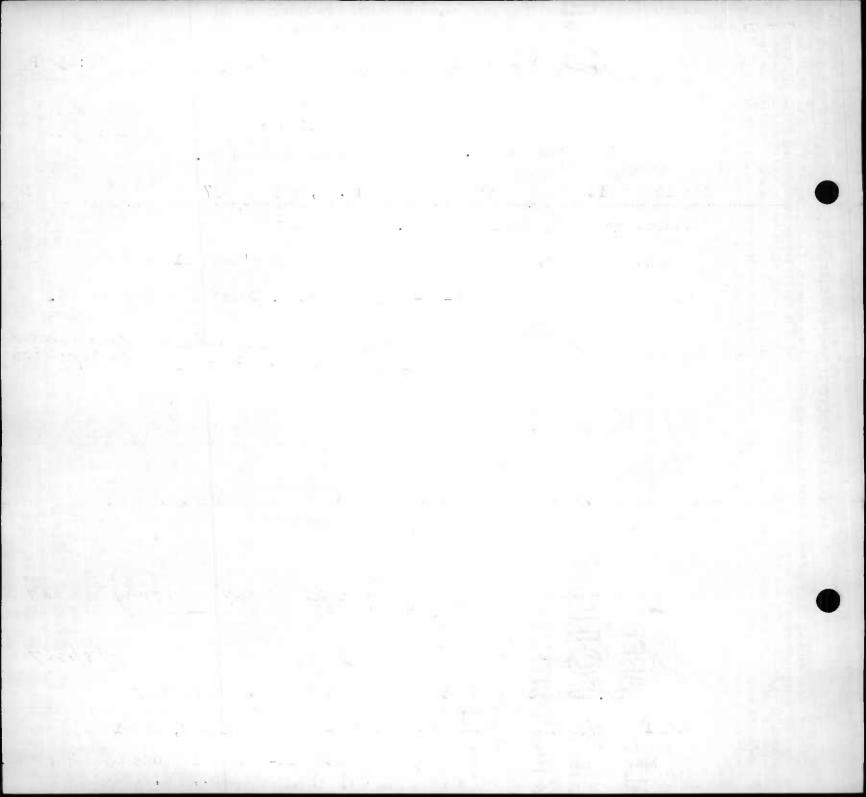
	BALTIMORE CI	TY HEALTH DEPARTMENT	67 44211
BIRTH NO. 67 4420	CERTIFIC	ATE OF DEATH Register	ed No.
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Haleyor	Propose Tittle	2. DATE AND HOUR OF	- 342
3. PLACE OF DEATH IN BALTIMORE, MAR	r Frances Little	111101-01,1	ved. If institution: residence before admission
	r institution, give street	A. STATE B. COUNTY Maryland	ved. It institution; residence before diamission
HOSPITAL OR oddress or locotion) INSTITUTION		c. CITY OR TOWN (If outside city limit Baltimore	s, write RURAL and give township)
00 311 Oakda	ale Road	D. STREET ADDRESS (If rurol, give foc. 311 Oakdale Rd.	otion)
female white	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 9. AGE (In your fost himbdoy)	Months Doys Hours Min.
tOA. USUAL OCCUPATION (Give kind of work) done during most of warking life, even if retired) PUBLIC SCHOOL tes		ontario, Canada	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Rev. Edward F. C	Chandler	Hattie Moffat	
5. Was Deceased Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	Rev. Osborne R. Li	ttleford
18. 1.70 VI	CAUSE	OF DEATH 311 Oakdale	RO. INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	ECTLY		ONSET AND DEATH
LEADING TO DEATH	(A)(PARCINOMOTOSIS	2 MOS
(This does not meen the made of heart foilure, osthenio, etc. It meens t	at a diament		
injury or complication which caused	deoth.)	CONOMA LEFT BREAST	- 3 YRS
ANTECEDENT CAUSES	DUE TO	Cholin in Cholin in Chi	
DISEASES OR CONDITIONS, if o			
UNDERLYING CONDITION last.	, , , , , , , , , , , , , , , , , , , ,		
OTHER SIGNIFICANT CONDITIONS CO	NITRIBUTING		
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	TED TO THE		
19A. DATE OF OPERATION 198. COND	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES	WERE FINDINGS CONSIDERED
MAR. 27, 1964 WAS PERFO		NO IN CERTIFI	THO CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g. home, lorm, foctory, street,	office bldg., INJURY OCCUR?	Baltimore City, give exact location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Yeor)	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR	,
(APPROX)	While At Not W	hile	
22. 1 certify that (I) (this hospital)	attended the deceased from	OCT 9 1959 to	APR 30 1967
that (1) (was) last saw the deceased	10011	8	eur) apinian death accurred an the da
and haur and from the causes state			
23A. SIGNATURE		, view ine budy until dealing	23 B. DATE SIGNED
John m. 50	M.D.	Attending Med. Stoff Phys.	MAY 1, 1967
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
JOHN M. DC	OTT M.	O. 600 W. BELVEDERE AVE, BY	ALTIMORE, MD 21210
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or C		(City, town, or county) (State)
Cremation 5/3/67	Greenmount C	rematory Balto.	Md.
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAY 8 1967	Robert E. Jankey M. A.	Mitchell-Wiedefel	d Home 6500 York

Balto.,

Md.

FUNERAL DIRECTOR: IMPORTANT	C -
This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	a hospital and cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undefermined cause; (3) Deceased (3) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such (1) Written announced by the control must be obtained before the remains are embrined or final distriction is made.	ndance on the

BIRTH NO. 67 4	1421		TE OF DEATH	Registered No.	67 4421
M.E. CASE NO.	1	CERTIFICA		ND HOUR OF DEATH	
Type or Print)	VES VERO	MICA (bus	24.	13/67	12:45 P
B. PLACE OF DEATH IN BALTIN	ORE, MARYLAND		4. USUAL RESIDENCE (WA	ere deceosed lived. If i	nstitution: residence before admissio
FULL NAME OF (If not in	n hospital or institution,		Maryland		
	or location)	give sireei	C. CITY OR TOWN (IF o	utside city limits, write	RURAL and give township
INSTITUTION			Baltimore		27-48
00 1020	Woodson l	Rd.	D. STREET ADDRESS (I	frurol, give location)	
5. SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
female white	WIDOWE	D, DIVORCED (specify)	Aug. 30, 1909	last birthdox	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give				reion country)	12. CITIZEN OF
done during most of working life, even	if raticad)		New York	c.g.i coomiyi	WHAT COUNTRY?
Secretary	Publ:	ishers Co.	Mem TOT.K		ODM
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
Pierce La	aHart		Agnes	O'Connell	
5. Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give v	vor or dotes of service)	101-22-6009		Couch 102	O Woodson Rd.
no		101-22-000	moner or .	JONOII TON	O MOOUSOII IIU.
1B. / 2 2 01		CAUSE O	FDEATH		INTERVAL BETWEEN
DISEASE OR CONDI	TION DIRECTLY				ONSET AND DEATH
LEADING TO		B	Secondar incom	no motor	- First duceous
(This daes nat meon the	made at dvina ea	(A))	UN 10/7/19
hearl failure, asthenia, etc.	Il means the disease,		denocarcinon unralized m	etastasis	0.0 / 1/ / /
injuly at camplication which	h caused death.)	- /	0		
ANTECEDENT	ANTECEDENT CAUSES (B)				
DISEASES OR CONDITIO	ONS, if any, giving				
rise to the above cause (A) stating the (C)					
UNDERLYING CONDITION	l last.				
OTHER SIGNIFICANT COND TO THE DEATH BUT					
A DISEASE OR CONDITION C	AUSING IT.				
	19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or h	107 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUS	E OF han	ne, form, foctary, street, of	fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
DEATH (notify medical exami	ner) etc.	J			
OF INJURY (Month) (Do	y) (Year) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
€ (APPROX.)	Wh	nile At Not Whil	e		
			1.		
22. I certify that (1) (this	hespital) ottended t	he deceased from	march	19 67 10	may 196";
that (1) (me) lost saw the	deceased alive on	may 3/12	1 67 and 1	that in (my) (com) op	inian death accurred on the a
and have and to to		1) (Wa) (4: 1 (4:4 - 1)	F 100 11 /		
ond hour ond from the couses stated obove (I) (We) (did) (did not) vi			iew the bady offer deoth	•	DATE SIGNED
ZSA. SIGNATUR	91 , 1	(10)	ending Med.	Stoff -	23B. DATE SIGNED / 1967
Mu	felland	M.D. Atte	ending Med. Director	Phy s.	5/3/196/
23C. PHYSICIAN'S	/		23D. ADDRESS		
NAME (Type)	Robert Geb	hardt M.D.	1211 Non	thern Par	kway
PEMOVAL (Speciful		AME of CEMETERY OF CRE			City, town, or county) (State
Burial 5/	5/67 B	altimore Na	tional	Baltimore,	Maryland
SA. DATE REC'D BY HEALTH D	EPT. 25B. NAME	OF REGISTRAS	25C. FUNERAL DIRECTO	•	ADDRESS
MANY Q 1	067 A 0 B	E starber M. M.	Mitchell-W	Viedefeld	Home 6500 York
MAY 8 1	967 Robert	2, tarberma		Wiedefeld Balto., M	Home 6500 York

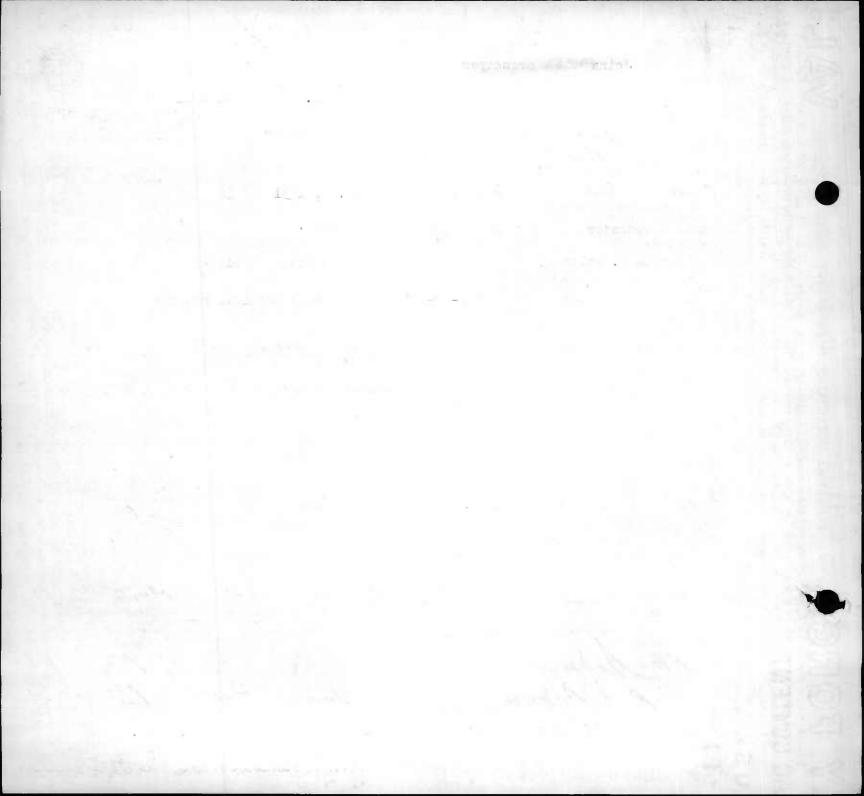


a hospital and

BALTIMORE CITY HEALTH DEPARTMENT 67 4422 CERTIFICATE OF DEATH Registered No. 67 4422						
	H NO.	67 44	CERTIFICA	TE OF DEATH	Registered No.	6/ 4486
I. NAME OF DECEASED (Type of Peril Joina Brankmyer				2. DATE 1	NO HOUR OF DEATH	1 25
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (WHA. STATE B. COU	carroll	nstitutian: iesidence before admi
H	FULL NAME OF HOSPITAL OR NSTITUTION	addiess a locotion	of Maryland	c. city or town (if a Huntington	outside city limits, write	RURAL and give tawnship)
HOSPITAL OR addiess of locotion) University of Maryland Hospital			,	f rural, give location)		
	Femal	Cave	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Mayried	0ct. 5, 1931	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Haus N
dane		ing life, even if retired)	TOB. KIND OF BUSINESS OR INDUSTRY Pajama Factory	Tenn.	ieign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	FATHER'S NAME			14. MOTHERS MAIDEN N.	AME	
	Joseph	F. Smith		Gertie	Holiday	
15. V	Was Deceased Eve	r in U. S. Armed Fore		17. INFORMANT		ADDRESS
	No	yes, give war ar date: None	408-42-0526	University Ho	spital recor	And the second s
	1B. 5 81.	/ 1		OF DEATH		ONSET AND DEATH
		OR CONDITION DIR	ECTLY	maci Cirila	cia with	
(A) Lac. (This does not mean the made al dying, e.g., heart failure, osthenio, etc. It meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES (A) Lac. (A) Lac. (B) DUE TO			Hanki Enl	15 W11	7 77	
			repart l'arrol		5 days	
ANTECEDENT CAUSES (B)			mo with Esyphage	eal Varicies	1-yr. ?	
ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS if any, giving			111			
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the (C)				1		
	rise to the o	bove couse (A)				
		bove couse (A)				
ATION	OTHER SIGNIFICATO THE DEAT	obove couse (A) ONDITION fast. II ANT CONDITIONS COME H BUT NOT RELA	Slating The (C) ONTRIBUTING TED TO THE			
ENTIR	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OP April 29	Dove couse (A) ONDITION last. II ANT CONDITIONS C. H BUT NOT RELA NOTION CAUSING I' ERATION WAS PERF	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMAED FORMED FORMED	20 A. AUTOPSY? (Yes or I	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OP APAR OR CONTRIBUTIN DEATH (notify med	ONDITION last. II ANT CONDITIONS COMBUT NOT RELANDITION CAUSING ITERATION 19B. CON WAS PERF	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED LIEVE FORTAL PRESENT AND THE PORTAL PRES	20 A. AUTOPSY? (Yes ar I	No) 20B, IF YES, WERE IN CERTIFYING CA	
MEDICAL CE	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OP APARIA 29 OR CONTRIBUTIN DEATH (notify med	District Conditions of the property of the pro	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED JULY 12 PLACE OF INJURY (e.g., home, foim, foctory, sheet, cetc.)	20 A. AUTOPSY? (Yes ar I	No) 20B, IF YES, WERE IN CERTIFYING CA (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CE	other signification the country of the Deat To the Deat To the Deat To the Deat Disease or con 19A. Date of op April 29, 21A. ACCIDENT VOR CONTRIBUTION DEATH (notify med OF INJURY (APPROX.)	Dove couse (A) ONDITION last. II ANT CONDITIONS CANDITIONS CANDITION CAUSING IT ERATION WAS PERF WAS UNDERLYING CAUSE OF dical examines) t (I) (this hospital	ONTRIBUTING JED TO THE T. DITION FOR WHICH OPERATION ORACD JIEVE FORTAL AREA 218. PLACE OF INJURY (e.g., home, foim, foctory, street, etc.) (Hour) 21E. thjury occurred While At Not Whi At Work) ottended the deceased from	20 A. AUTOPSY? (Yes at I	(If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? NO 10 City, give exoct lacation) May 3 19 6
MEDICAL CE	other signification the country of the Deat To the Deat To the Deat To the Deat Disease or con 19A. Date of op April 29, 21A. ACCIDENT VOR CONTRIBUTION DEATH (notify med OF INJURY (APPROX.)	ANT CONDITIONS CAME BUT NOT RELANDITION CAUSING ITERATION 19B. CON WAS PERFORM CAUSE OF dical examines)	ONTRIBUTING JED TO THE T. DITION FOR WHICH OPERATION ORACD JIEVE FORTAL AREA 218. PLACE OF INJURY (e.g., home, foim, foctory, street, etc.) (Hour) 21E. thjury occurred While At Not Whi At Work) ottended the deceased from	20 A. AUTOPSY? (Yes at I	(If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? NO 10 City, give exoct location) May 3 19 6
MEDICAL CE	other signification the Death Disease or con 19. A. Date of op April 29. 21A. ACCIDENT OR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) los ond hour ond from the Universe of the Contribution of the	Dove couse (A) ONDITION last. II ANT CONDITIONS C H BUT NOT RELA NDITION CAUSING I ERATION 19B. CON. WAS PERF OCAUSE OF dical examines) It (I) (this hospital It saw the decease	ONTRIBUTING JED TO THE T. DITION FOR WHICH OPERATION ORACD JIEVE FORTAL AREA 218. PLACE OF INJURY (e.g., home, foim, foctory, street, etc.) (Hour) 21E. thjury occurred While At Not Whi At Work) ottended the deceased from	20 A. AUTOPSY? (Yes or I	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exoct lacation) May 7 19 6 Siminon deoth occurred on the
MEDICAL CE	other signification the Death Disease or con 19. A. Date of OP April 29. 21. A. A. CCIDENT OR CONTRIBUTION DEATH (notify med 21. D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) los	Dove couse (A) ONDITION last. II ANT CONDITIONS C H BUT NOT RELA NDITION CAUSING I ERATION 19B. CON. WAS PERF OCAUSE OF dical examines) It (I) (this hospital It saw the decease	ONTRIBUTING JED TO THE T. DITION FOR WHICH OPERATION ORMED JIEVE FOR FORM, foctory, sheet, celc.) (Hour) 21E. INJURY OCCURED While A1 Not White A1 Work) ottended the deceased from d olive an Mey 3 ed above. (I) (We) (did) (did not)	20 A. AUTOPSY? (Yes at I Ves in at about 21 C. WHERE DID fffice bldg., INJURY OCCUR? 21 F. HOW DID IN 19 27 and wiew the body ofter death	ODE OF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CE	other signification the Death Disease or Con 19A. Date of OP April 29, 21A. ACCIDENT OR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) lose ond hour ond from 123A. SIGNATURE 23C. PHYSICIAN'S	Dove couse (A) ONDITION last. II ANT CONDITIONS C H BUT NOT RELA NDITION CAUSING I ERATION 19B. CON. WAS PERF OCAUSE OF dical examines) It (I) (this hospital It saw the decease	ONTRIBUTING JED TO THE T. DITION FOR WHICH OPERATION ORMED JIEVE FOR FORM, foctory, sheet, celc.) (Hour) 21E. INJURY OCCURED While A1 Not White A1 Work) ottended the deceased from d olive an Mey 3 ed above. (I) (We) (did) (did not)	20 A. AUTOPSY? (Yes ar I	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exoct lacation) May 7 19 6 Siminon deoth occurred on the
MEDICAL CE	TISE TO THE OUNDERLYING CONTRIBUTION TO THE DEAT DISEASE OR CONTRIBUTION DEATH (notify med 21D. TIME (MOFINITURY (APPROX.) 22. I certify that that (I) (we) lose ond hour and free 23A. SIGNATURE	Dove couse (A) ONDITION last. II ANT CONDITIONS C H BUT NOT RELA NDITION CAUSING I ERATION 19B. CON. WAS PERF OCAUSE OF dical examines) It (I) (this hospital It saw the decease	ONTRIBUTING JED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, foim, foctory, sheet, cetc.) (Hour) 21E. tNJURY OCCURRED While At Not Whith At Work) ottended the deceased from d olive an May 3 ed above. (I) (We) (did) (did not)	20 A. AUTOPSY? (Yes ar I	ODE OF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exoct lacation) May 7 19 6 Siminon deoth occurred on the
MEDICAL CE	other signification the Death Disease or Con 19A. Date of OP April 29, 21A. ACCIDENT OR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) lose ond hour ond from 123A. SIGNATURE 23C. PHYSICIAN'S	Dove couse (A) ONDITION last. II ANT CONDITIONS C. H BUT NOT RELA	ONTRIBUTING JED TO THE T. DITION FOR WHICH OPERATION ORMED Mere form, foctory, sheet, cetc.) (Hour) 21E. INJURY OCCURRED While At Not Whit Work Ottended the deceased from d olive an Mey 3 ed above. (I) (We) (did) (did not) M.D. Att Phy M.D. CEMETERY of CR	20 A. AUTOPSY? (Yes at I Ves in or about 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID IN 19	ODE IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) May 3 196 January 3, 196 Baltimore City, town, or county) (St

25B. NAME OF REGISTRAR

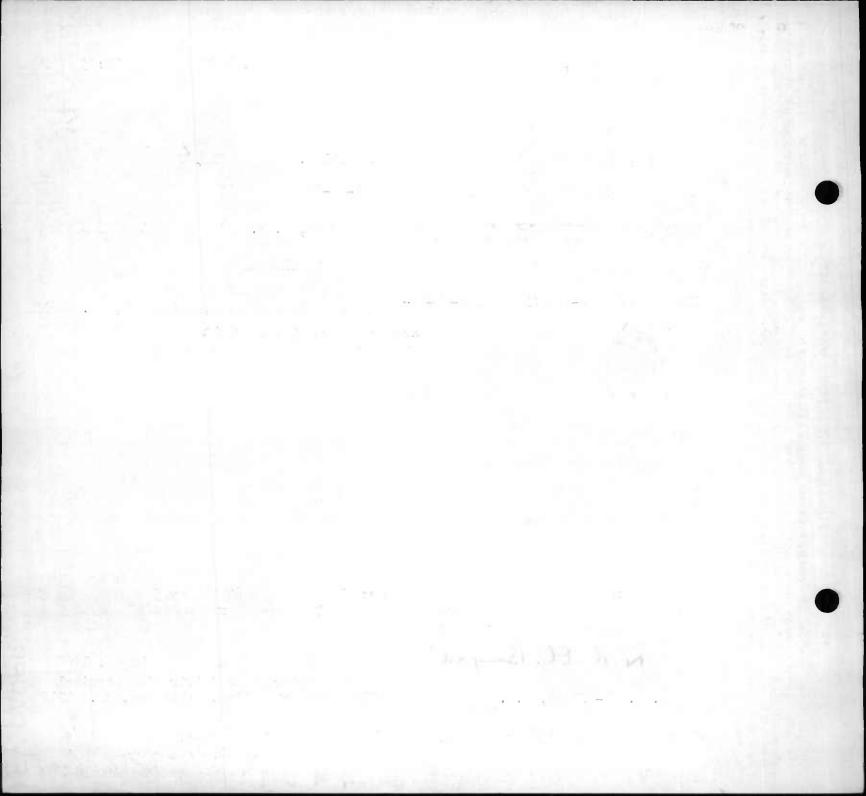
ADDRESS.



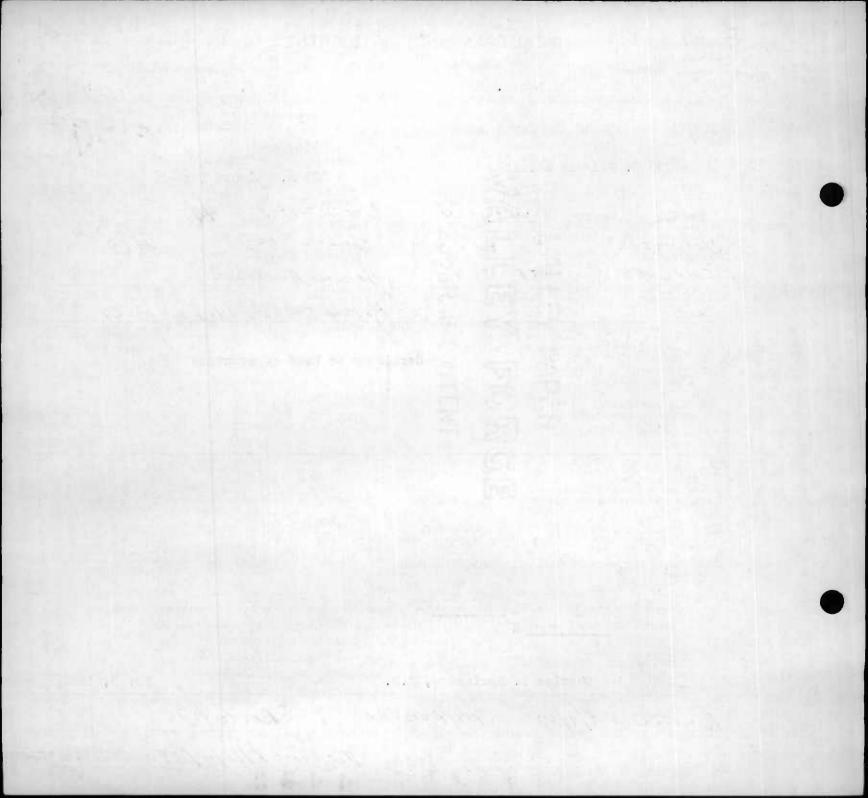
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased BIRTH NO. CERTIFICATE OF DEATH on the M.E. CASE NO. 2. DATE AND HOUR OF DEATH MAY 5, 1967 | 10:55 P M

4. USUAL RESIDENCE | Where deceased lived. If institution: residence before admissian)
A. STATE
B. COUNTY (Type or Print) PARTYKA, EDWARD NMN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance MARYLAND BALTIMORE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or tacation) C. CITY OR TOWN (If outside city limits, write RUPAL and give town attend 9 ADMINISTRATION HOSPITAL 3900 LOCH RAVEN BOULEVARD prior D. STREET ADDRESS (If rurol, give location) occurred BALTIMORE, MARYLAND 21218 2211 E. LOMBARD STREET regular 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE IIn years If Under 1 Yr. II Und Months: Doys Hours II Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthdoy MAIE CAUCASIAN 4-25-20 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? = done during most of working life, even if retired) BUFFALO, N. Y. RESTAURANT. UNITED STATES Wds 13. FATHER'S NAME Sodsi the JOSEPH PARTYKA ROSE MENTHEWSKI death uo 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT (Yes, na or unknown) IIf yes, give wor ar dotes of service) SECURITY NO. VETERANS HOSPITAL RECORDS ance 7/17/42-5/5/43 122-07-13-31 3900 LOCH RAVEN BLVD. BALTIMORE any CAUSE OF DEATH INTERVAL BETWEEN pronounced attend ONSET AND DEATH Advanced Carcinoma of right DISEASE OR CONDITION DIRECTLY A fracture of (A) lung with generalized metastasis LEADING TO DEATH (This daes not mean the made of dying, e.g., 9 heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) regu who ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? IYes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the ō WAS PERFORMED the body was released to the hospital by shows: (1) An accident of any nature; (2) B OR CONTRIBUTING CAUSE OF 21B. PLACE OF tNJURY le.g., in or obout 21C. WHERE DtD home, lorm, foctory, street, office bldg., INJURY OCCUR? (except where ŝ DEATH Inotily medical examiner) MEDIC/ (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (APPROX.) and At Work 22. I certify that (X) (this hospital) attended the deceased from March 19 67 May 5 that (II) (we) lost saw the deceased alive an...... eath) hospital and hour ond from the causes stated abave. (H) (We) (HIR) (did nat) view the body ofter death. 23A. SIGN ATURE 23B. DATE SIGNED N. R. El-Bey adi M.D. Attending Phys. Med. Director 0 approval ō 23C. PHYSICIAN'S 23D. ADDRESS prior ₽ NAME (Type) N. R. EL*BAYADI, M.D. was D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased REMOVAL |Specify 25B. NAME OF REGISTRAR 25C. FUNI

Ilf in Boltimore City, give exact location)ond that in (m) (our) opinion death accurred on the date May 5. 1967 Veterans Administration Hospital M.D. 3900 Loch Raven Blvd, Baltimore, Md. 21218



VS 151-REV. 1/1/65



DIRECTOR:

FUNERAL

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02 4.430	BALTIMORE CIT	Y HEALTH DEPARTMENT	CIPY 4 A DO
ыкти но. 67 4426	CERTIFICA	ATE OF DEATH Registered No.	67 4426
M.E. CASE NO.	4	2. DATE AND HOUR OF DEATH	
Type of James Joseph Wi	lliams	2 May 67	1:55 AM
PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If i	
FULL NAME OF 1 LY no in hospitol HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR	ryland Hospital	Md. Baltimore Ci C. CITY OR TOWN (If outside city limits, write	
		Baltimore	1401
38		D. STREET ADDRESS (If rurol, give locotion)	
		8 East Montgomery St	
6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married (sep.)	5-5-15 9. AGE (In yeors lost birthday) 52	If Under 1 Yr. If Under 24 H Months Ooys Hours Min,
10A, USUAL OCCUPATION (Give kind of working life, even if retired) Chauffeur	k 108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) Washington, D. C.	12. CITIZEN OF WHAT COUNTRY?
George Williams		14. MOTHERS MAIDEN NAME Rose Ann Windborn	-
5. Was Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
Yes, 10 or unknown) (If yes, give wor or dot	219 01 760	Patient's chart	
18. 3 92 X I	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI		W-s-amile	2
(This does not mean the made of	dying, e.g., OUE TO	Uraemia	1 month +
heart failure, astheria, etc. It means injury or complication which coused			
ANTECEDENT CAUSE	(8)	Chronic Renal Disease	l year +
DISEASES OR CONDITIONS, if			
rise to the above cause (A)	slating the (C)		
THE CONDITION (US).			
OTHER SIGNIFICANT CONOITIONS OF TO THE DEATH BUT NOT REL	ATEO TO THE		
19A. DATE OF OPERATION 1198. COL	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PEI	RFORMED	Yes_	AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		in or about 21C. WHERE DID (If in Boltimo office bldg., INJURY OCCUR?	re City, give exoct locotion)
21 D. TIME (Month) (Ooy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	•
(APPROX)	While AI Not Wh		
22. I certify that (I) (this bosnita	1) ottended the deceased fram		ay 19 67
	on and	19 67 and that in (my) (our) op	
	oted obave. (I) (We) (did) (did nat)		
23A. SIGNATURE			238, DATE SIGNED
SStanle ton b	M.D. A	ttending Med. Stoff Phys.	2 May 1967
23C. PHYSICIAN'S Sidney L. Staple		23D. ADDRESS	2 2 2 2
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C		City, town, or county) (State
Burial 5-6-67	Mount Auburm	Baltimore-	City
MAY 8 1967	258. NAME OF REGISTRAR PLANE & Johnson	108 W Montgomery 158	ADDRESS
VS 150-REV. 1/1/65	7 7	1 d d	. 000

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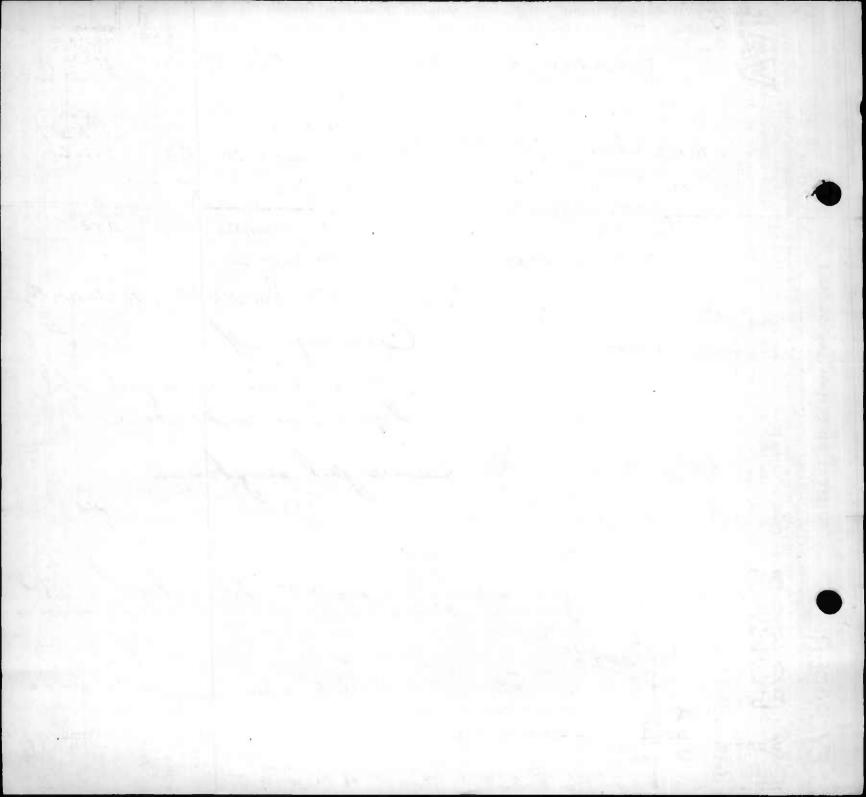
- CREATE AND TO THE STATE OF TH

BIRTH NO.	67 4427			HEALTH DEPARTMENT	Registered No	67 4427
M.E. CASE NO.	CEASED/	J.	ohn F. Dorni		AND HOUR OF DEAT	н
Type or Print)	John 1		ck	5	.5-67	11:10 8
FULL NAME HOSPITAL OR INSTITUTION		or institution,	give street	Maryland	INTY	institution: residence before odmission in the company of the comp
21	Baltimore Ci	ty Hosp	ital	Middle Riv		33-00
31				406 Carrol	lwood Road	4 20
Male	6. RACE White		NEVER MARRIED D, DIVORCED (specify)	S. DATE OF BIRTH June 1, 1889	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
	CUPATION (Give kind of world working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Machinist			Baltimore, M	aryland	WHAT COUNTY
3. PATHERS NA	Joseph Dorni	.ek		Rosalie M		
5. Was Decease Yes, no or unknow Yes	d Ever in U. S. Armed Fo vn) (If yes, give wor or dot WW 1	rces? es of service)	16. SOCIAL SECURITY NO. 213-01-5324	17. INFORMANT George J. Rau	h 106 Carr	ADDRESS
10000	2./1		CAUSE OF		ii doo carr	INTERVAL BETWEEN
heart foilure injury or co	LEADING TO DEATH not mean the mode of the object of the course ANTECEDENT CAUSES OR CONDITIONS, if the above course (A) NG CONDITION last.	dying, e.g., the discose, death.)	(A) DUE TO (B) DUE TO (C)	7,18072		YESGA
TO THE	NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON	ATED TO TH	E	20 A. AUTOPSY? (Yes or I	No) 20B. IF YES, WER	E FINDINGS CONSIDERED
19A. DATE C	ENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID		ore City, give exact location)
▼ DEATH (notif	BUTING CAUSE OF fy medical examiner)	hom etc.	e, larm, factory, street, of	fice bldg., INJURY OCCUR?		
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
that (t) (we	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and haur and from the causes stated obave. (1) (We) (did) (did not) v				6// 1	pinion death accurred on the filed started by Willed Same,
23A. SIGNAT	rd/. Mishel	leved	Phy	nding Med. S. Director	Stoff Phy s	23B. DATE SIGNED
NAME	(Typle)		M.D.	Market P.		
4A. BURIAL CR	EMATION, 248. DATE	24C. N	AME OF CEMETERY OF CRE	MATORY 24D.	LOCATION	City, town, or county) (Stat
Burial	5-9-19 D BY HEALTH DEPT.		ered Heart	25C. FUNERAL DIRECTO		anty, Maryland
	MAY 8 1967	Role	B. E. FalleyMA	Lilly & Zei		901-07 Eastern Ave
S 150-REV. 1/1	/65	76	7 6 1 6	4 4 3 5		

and the as to Adopt and Com-SEPTEMBER KOME K Two towers and see the see the

1	+-	- (b.
•	a hospital and cause of death	se; (5) Deceased andance on the	to death. Such
5	leath occurred in or contributing	Indetermined cau is in regular atte	deceased prior
FUNERAL DIRECTOR: IMPORTANT	oproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	and (6) No physician was in regular attendance on the deceased pricobtained before the remains are embalmed or final disposition is made.
FUNERAL D	approved by the chief medica to the hospital by a medical	fany nature; (2) Body burns; I (except where the physicic); and (6) No physician was se obtained before the remain
	This certificate must be app the body was released to t	shows: (1) An accident or was D.O.A. at a hospital	deceased prior to death); written approval must be

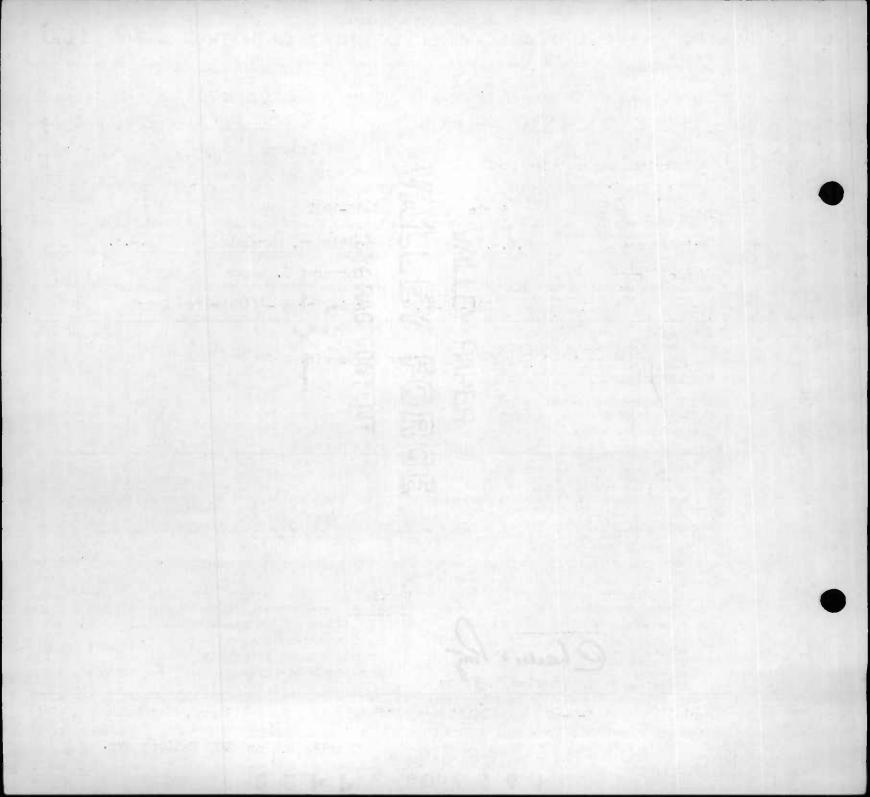
	rypa-s a d r	BALTIMORE CITY	HEALTH DEPARTMENT		CH AAOO
	TH NO. 67 4428	CERTIFICA	TE OF DEATH	Registered No.	67 4428
1.1 (Ty	pe or Print) FREDERICK K.	Hirset	5/6	HOUR OF DEATH	1150 PM.
	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, oddress or location) NSTITUTION	give street	A. STATE B. COUNT	Y	IRAL and give township)
1	WORTH Charles GEN.	HOSPITAL		arol, give location) ALE	21206
5.		NEVER MARRIED D, DIVORCED (specify)		AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
dor		ern Overall Co	. Pa Pottsv	rille	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME Nicholas HiRsh		ELIZABET		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service) NO	16. SOCIAL SECURITY NO. 2-7-05-7513	17. INFORMANT ROBERT ROW	BENGE	N. Clarus hogy.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	Novary suse	H	INTERVAL BETWEEN ONSET AND DEATH
ATION	(This daes nat mean the made of dying, e.g. heart failure, asthenia, etc. It means the disease injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) CM	Gerosclerois gerlenne c	Lecore ache vi	yart old
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTINTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		e pel en	phose	•
ERTIFIC	198. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	28A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? LES
CALC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	OF INJURY	E. INJURY OCCURRED hife At Not While At Work	21F. HOW DID INJU	RY OCCUR?	y 11th 12
	22. I certify that (1) (this hospital) attended that (1) (we) lost sow the deceased alive on and hour and from the confess stated above.	May 41		t in(my) (our) opin	on death occurred on the date
	23A. SIGNATURE 23C. PHYSICIALE	Phy		on off Ohys.	23R DATE SIGNED
200	NAME (Type)	M.D.	5 428 Jundas	in fame (Jalla 21206
25	Burial 5-9-1967 Odd	Ifellow Cemeter of Registrar		Clair L. Home	Penna. ADDRESS (S.) 1401 Belain Ref



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BALTIMORE CITY HEALTH DEPARTMENT						
BIRTH NO. CERTIFICATE OF DEATH Registered No. 0/ 4429						
T. NAME OF DECEASED (Type or Print) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN. (If guitale city limits pulled and city formation)						
MERCO HOSPITAL BATTIMORE 3-02						
D. STREET ADDRESS (If rurol, give lacotion) PUB C. BALTO, ST. BALTO, MD						
5. SEX M 6. RACE W 7. MARRIED, NEVER MARRIED (Specify) 8. DATE OF BIRTH 9. AGE (In yeors lost birthday) Months: Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
RETIRED Ceauster Battimore Md. U.S.A.						
13. FATHER'S NAME (.luthory Jester Hassie Wolfer)						
15. Was Deceased Ever in U. S. Anned Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT 18. SOCIAL 18.						
Ver W.W 1 218-05-6451 Mr. Walter Jester 4213 Sommer Ave						
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH (A) STONCLOPENIC (2 C FWGS-475						
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)						
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21B. WHERE DID (If in Boltimore City, give exact location)						
OR CONTRIBUTING CAUSE OF hame, form, foctory, street, office bldg., INJURY OCCUR?						
OF INJURY While AL Not While						
(APPROX.) While At Work At Work						
22. I certify that (I) (this hospital) attended the deceased fram \$\\\ 7\\ 5\\\ 6\\\ 7\\\ 5\\\ 6\\\ 7\\\ 5\\\ 6\\\ 7\\\ 7						
that (I) (we) last saw the deceased alive an						
238. DATE SIGNATURE						
Altending Med. Stoff Director Phys. 23D. ADDRESS						
M.D. IM as a stocket						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City town, or county) (Stote)						
Burial 5-8-67 Baltimore Vational Cem. 550/ Frederick ade in						
MAY 8 1967 Roberts Established Formula 1000 line 2 3 2 5. High to						

6-620	BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 4430 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67	7 4430			
9	M.E. CASE NO.				
	1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD				
	EUGENE T. GROSS May 5, 1967	1:30 P M.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: reside A. STATE B. COUNTY	ance before odmission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give lownship) Baltimore D. STREET ADDRESS (If rural, give location)			
	INSTITUTION				
	Maryland General Hospital 448 Walton Court				
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.			
	2-15-1932 or	Doys Hours Min.			
	IN A USUAL OCCUPATION (Give kind of work 10B, KIND OF SUSINESS OR INDUSTRY 11. SIRTHPLACE (Stole or foreign country) 12. CITIZET				
	done during most of working life, even if relired) Maintenance G.S.A. Baltimore, Maryland U.S.	A. COUNTRY?			
	13, FATHER'S NAME	, ,			
	Wendel Gross Margaret G. Adams				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS				
	Yes, no or unknown) (If yes, give wor or dotes of service) Yes Yes WW II SECURITY NO. 219-28-5349 Annie Gross - 448 Walton Court				
	18. CAUSE OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
	LEADING TO DEATH Lobar Pneumonia.				
	(This does not meon the mode of dying, e.g., DUE TO heart follower, osthenio, etc. It means the disease, injury or complication which caused death.)				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO				
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
	(C)				
	O TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CO	N SIDERED			
	WAS PERFORMED Yes IN CERTIFYING CAUSES OF DEA				
	₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect loc				
	UTING CAUSE OF DEATH. Nome, form, foctory, street, office bldg., INJURY OCCUR?				
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?				
	OF INJURY (APPROX.) WHILE ATNOT_WHILE				
	22. Partial				
	I certify that I held an Inquiry Inspection Autopsy ond that on this basis, death in my opinion				
	resulted from: Notural causes X Acciden Suicide Homicide Undetermined monner				
	ACTUAL CHIEF MEDICAL EXAMINER	DATE SIGNED			
	SIGNATURE Charles 1 cla M.D. ASSISTANT MEDICAL EXAMINER A	16.167			
	EXAMINER'S NAME (Type) Charles S. Petty ASSOCIATE MEDICAL EXAMINER	5/6/67			
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of co	ounty) (Stote)			
	Burial 5-9-67 Baltimore National Baltimore, Marylan	id			
		DDRESS			
	Charles P Tou 802 Medison As				
	MAI O 1901 Obert E, Tarkeya				
	vs 151-REV. 1/1/65 1 9 6 7 0 0 0 4 4 3 0				



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	approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	Il (except where the physician who pronounced death was in regular attendance on the
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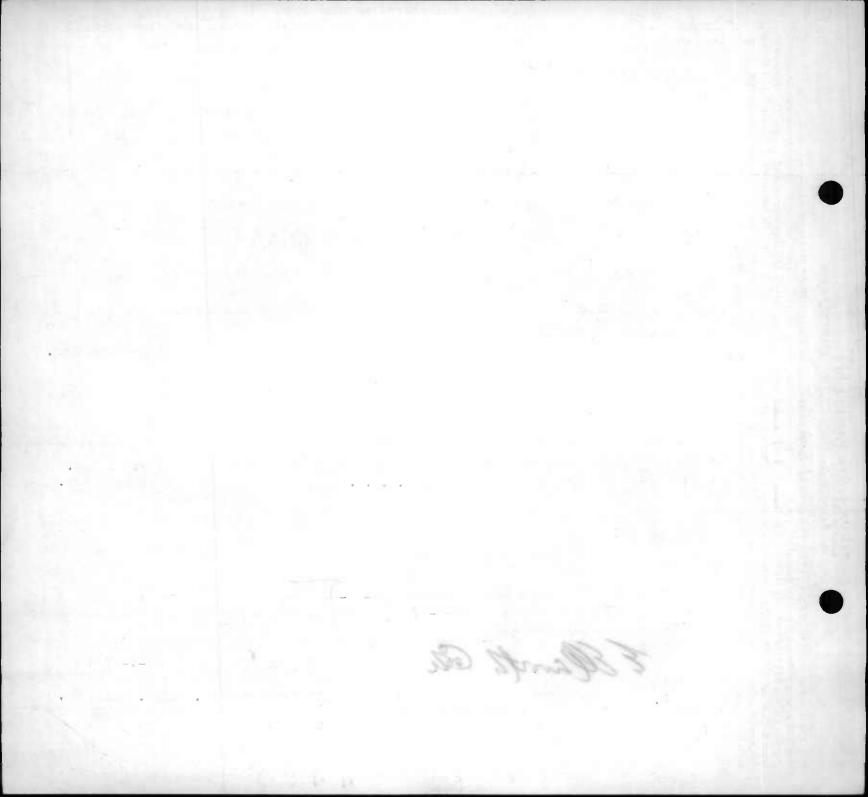
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO CERTIFICATE OF DEATH Such M.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 2-6 15 11. M. death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION (If ngt in hospital or institution, give street TCR (a) - 704

(If outside city limits, write RURAL and give oddress or location C CITY OF TOWN prior D. STREET ADDRESS (If rural, give location) eter! is made. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) If Under 1 Yr. Months: Doys 6. RACE R. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. deceased lost birthdov Hours 3 4 1882 5-10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF disposition done during most of working life, even if retired) HOUSEWIFE PENUS the 14. MOTHER'S MAIDEN NAME 15. Was Docassod Ever in U. S. Armed Forces? (Yes.no grynknown) (If yes, give wor ar dates of service) u o 6. SOCIAL ADDRESS final SECURITY NO. attendance No 18. CAUSE OF DEATH INTERVAL BETWEEN 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH tumor of esophagus several mos. (This does not mean the mode of dying, e.g., פר hearl failure, asthenio, etc. It means the disease, injury or complication which caused death.) probable malignancy regul ANTECEDENT CAUSES DUF TO are DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the Ξ UNDERLYING CONDITION Inst. remains physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIABETES MELLITUS several mos. TO THE DEATH BUT NOT RELATED TO THE S.C.V.D. 20A. AUTOPSY? (Yes or No) DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? (II in Baltimare City, give exact location) °N DEATH (notify medical exemined etc.) MEDIC be obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX) and Work At Work 22. I certify that (1) (this haspital) attended the deceased from 5-1-67 that (1) (we) lost sow the deceased alive on... 19 and that in (my) (our) opinion death occurred on the date eath) ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED ō Attending Phys. M.D. Med. Director 0 written approval 23C. PHYSICIAN'S prior 23D. ADDRESS NAME (Typel 2431 Marylandstave. Balto. 21218 Md. M.D. ELLSWORTH COOK 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, tawn, or county) REMOVAL (Specify) 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



0-450 67 4432		Y HEALTH DEPARTMENT	67 4432	
BIRTH NO. M.E. CASE NO.	CERTIFICA	ALE OF DEATH	ered Nd.	
1. NAME OF DECEASED	LEP DOLAN	2. DATE AND HOUR OF		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			lived. Il institution: residence belore odmissian	
FULL NAME OF (II not in hospit	tot or institution, give street	m.p	Ballo Co.	
HOSPITAL OR oddress or loca		C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE. D. STREET ADDRESS (II rural, give location)		
BOLT. CITY, HOSE				
4940 Eastern Ave. Baltimore, Md. #21224		8 113 SUMTER BUE 21206.		
5. SEX 6. RACE 7. MARRIED, NEVER M WIDOWED, DIVORC		B. DATE OF BIRTH 9. AGE (In lost birthdo		
Remale White	Married	12/28/10 54		
done during most of working life, even if retire		Y 11. BIRTHPLACE (State or lareign country)	WHAT COUNTRY?	
HOUSEWIFE.		Va.	US A.	
FRED BOWER	25.	LAURIA . Miche	1	
15. Was Deceased Ever in U. S. Armed		17. INFORMANT		
(Yes, no or unknown) (If yes, give wor or o	lotes of service) SECURITY NO.	•	ADDRESS #21224 stern Ave. Baltimore, Mo	
18.420,11	217220150 CAUSE	OF DEATH	INTERVAL BETWEEN	
DISEASE OR CONDITION	DIRECTLY		ONSET AND DEATH	
(This does not mean the made	of dving e.g. DUE TO	OCBRDIBL INFARCT	15 DAYS.	
heart foilure, osthenio, etc. It med injury or camplication which caus	ins the disease,			
ANTECEDENT CAUS				
DISEASES OR CONDITIONS, if ony, giving				
tise to the above couse (A UNDERLYING CONDITION last.	A) slating the (C)			
Z OTUGA SIGNIFIGANI GONDITIONS				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	ELATED TO THE			
	ONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF Y	ES, WERE FINDINGS CONSIDERED	
19A. DATE OF OPERATION 19B. C WAS F		NO	in Baltimore City, give exact location)	
OR CONTRIBUTING CAUSE OF	home, lorm, loctory, street,	office bldg., INJURY OCCUR?	in politimore City, give exact locononi	
21 D. TIME (Month) (Doy) (Ye	or) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCU	JR?	
OF INJURY (APPROX.)	White At Not W	nile		
22. I certify that (17) (this hospi	tol) ottended the deceased fram		19.67.	
that (I) (we) lost saw the decen	-/2		(our) apinian death accurred an the da	
and hour and fram the sauses s	stated above. (I) (We) (did) (did not)			
23A. SIGNATURE	/	Mandian To Adad To Staff To	23B. DATE SIGNED	
- There	M.D. A	Med. Stoff Director Phys.	5/4/67	
23C. PHYSICIAN'S NAME (Type)	. 5 - 0 MI		altimore, Maryland #212	
24A. BURIAL CREMATION, 24B. DATE	/ 24C. NAME of CEMETERY OF C	BUCA. CII	(City, town, or county) (State)	
Q REMOVAL (Specify)	17 Q16ha (- Ball	word Not	
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	250. FUNERAL DIRECTOR	ADDRESS	
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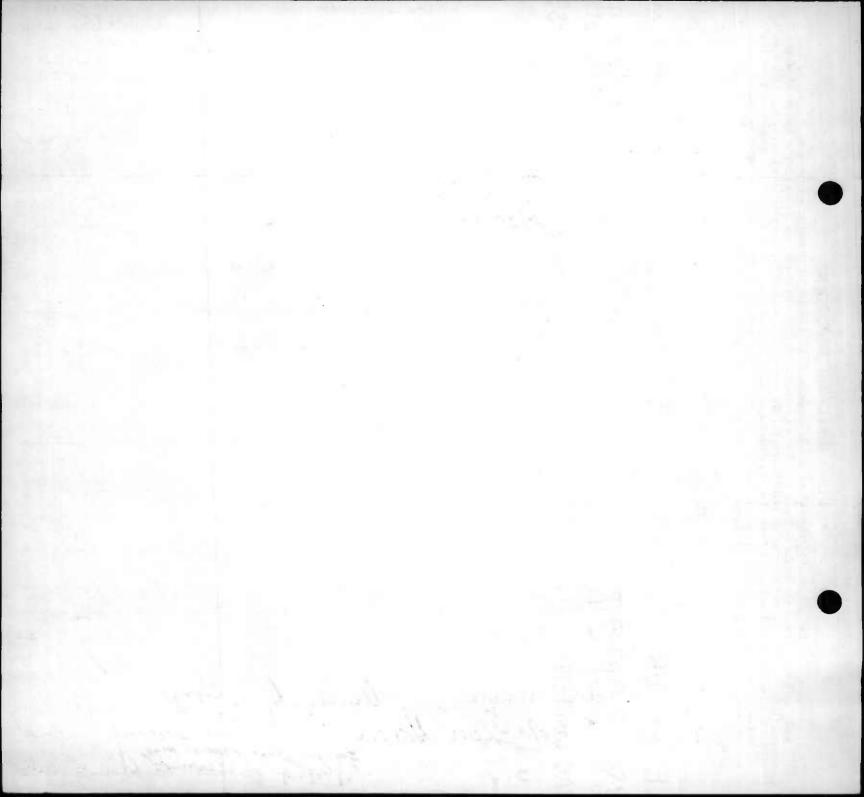
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	0 05 4400	BALTIMORE CITY	HEALTH DEPARTMENT	67 4400
94	Віятн но. 67 4433	CERTIFICA	TE OF DEATH Registered No.	07 4433
	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	.30
	(Type or Print BOYER, BERNAR 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	P.H.	5/3/67	1 / M.
	3, PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admission)
	FULL NAME OF (If not in hospital or instituti	on, give street	MD BALT	a.y. cs
	INSTITUTION		C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
	BEUNIU HOSP.		D. STREET ADDRESS (If rurol, give location)	MID Jano
1	AUST.		RTM SOS BUENA VI	
	5. SEX 6. RACE 7 WIDO	NEVER MARRIED,	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
	10A, USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	dane during most of working life, even if retired)	to Road	USA - WR.	WHAT COUNTRY?
	ST RD INSPECTOR	DITO	14. MOTHERS MAIDEN NAME	USA
	FRANK J BOYE	1 6. SOCIAL	VIRGINIA WISH	ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of seryi	SECURLY NO.	Polla Read	-00m
	18.	CAUSE O	F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	(A) LE	MORRHAGE - INT.	NRS
	heart failure, asthenia, etc. It means the dise	ase,		9
	ANTECEDENT CAUSES	(B) AC	CUTE ZELKENIA	
	DISEASES OR CONDITIONS, il any, giv	DUE 10		
	rise fo the above cause (A) stating UNDERLYING CONDITION last.	the (C)		
	11			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE		
			20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE	FINDINGS CONSIDERED
	19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED		N.C. IN CERTIFYING CA	USES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or about 21 C. WHERE DID (If in Baltimare fice bldg., INJURY OCCUR?	e City, give exact location)
	DEATH (notify medical examiner)	etc.)		
	S OF INJURY	While At Not While	21F. HOW DID INJURY OCCUR?	
	(A PPROX.)	Work At Work		
	22. I certify that (1) (this hospital) attended	- 1	7/0/6/ 19 to S,	/3/67 19
	that (I) (we) last saw the deceased alive			nian death accurred on the date
	and haur and fram the causes stated abay	e. ((1) (We) (did) (did nat) v	iew the bady after death.	23 B. DATE SIGNED
	DE CONTRACTOR	race M.D. Atte	ending Med. Director Phys.	t/3/6)
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	2/0/01
	H. Louden Kirae	cofe M.D.	Munery & Horse	
		C. NAME of CEMETERY & CRE	MATORY A 240. LOCATION	y, town, or county) (State)
	Aug 3-6-6/ 5	Ken Have	well Elen G	urul mel
1	25A. DATE REC'D BY HEALTH DEPT.	ME OF REGISTRAN	SEVERNA PARK PARKEN H	ADDRESS D
		b, E, Farkeyna	Toler & Cuan	ed place & Kach
	VS 150-REV. 1/1/65	4 1/4		- me



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	BALTIMORE CITY	HEALTH DEPARTMENT		05
BIRT	TH NO. 67 4434 CERTIFICA	TE OF DEATH	Registered No	67 4434
	E. CASE NO.			
	IAME OF DECEASED	2. DATE AND	HOUR OF DEATH	-40
(Typ	pe or Print) TRVIAL F. LOALG	5	15/67	150
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where	deceosed lived. If ins	stitution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR address or location)	C. CITY OR TOWN (If outs	1ET/RUNDE	URAL ond give township)
	NSTITUTION	11/16/16/19/16	e city minis, while k	100
1		GHENDURNIE		32.00
0	inti HOSPITAL OF BANTIMORE, INC.	8924 TWIN	KIDGE J	DR.
5. S	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Month's Doys Hours Min.
103	USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	4-	12, CITIZEN OF
	e during most of working life even if retired)	11. BIRTHPLACE (Store of foreig	in coupity)	WHAT COUNTRY?
0	RUALITY CONTROL U.S. GOVT.	MAKYLANI		USH
13.	FATHERS NAME	14. MOTHERS MAIDEN NAM	1E	
	ARTHUR LONG	OUK.		
15.	Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	0	ADDRESS
	s, no prunknown) (If yes, give wor or dates of service) SECURITY NO. 212 RD 663	WIFE Pal	Carnet &	tens believe
	18. / 9 3 0 1 CAUSE C	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		2	ONSET AND DEATH
	LEADING TO DEATH	lioblASTOM A	What	smoc
	(A) (7. /	100/175/000 A	11/04/17	1/4/46 0 1003.
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,			
	injury or camplication which coused death.)			
	ANTECEDENT CAUSES (B)	·		
	DISEASES OR CONDITIONS, if ony, giving			
	rise to the above cause (A) stating the (C)			
	UNDERLYING CONDITION last.	8		
	11			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
Ĕ	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
Ü	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPAY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
CERTIFICATIO	Dec, 23,1966 BRAIN TUMUR	Yes	IN CERTIFYING CAL	JSES OF DEATH?
1	21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street, control of the	office bldg INILIRY OCCUP?	(If in Boltimore	City, give exact lacation)
CAL	DEATH (notify medical examiner) No NE etc.)	-		
EDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
MEI	OF INJURY While At Not Whi		oki occok:	
-	(APPROX.)			
	22. I certify that () (this hospital) attended the deceased from	4/2	9 67 to 2	5/5- 1967
	=	' /	,	
	that (b) (we) lost sow the deceased alive on		t in (my) (out) opir	nion death accurred on the dat
	ond hour and from the couses stated above. (A) (We) (did) (did not)	view the body ofter deoth.		
-	23A. SIGNATURE			23 B. DATE SIGNED
	y. Brett Jazar, M.D. M.D. A.	tending Med. Director	Staff Phy s.	5/5/67
	ZC. PHYSICIAN'S	23D. ADDRESS	0	1
	NAME (Type) Restricted A 2.40 M.D.	SINDI HOSP. O	+ DACTION	ORE INC.
244	N, DREII KIIVAR	31,000 A		

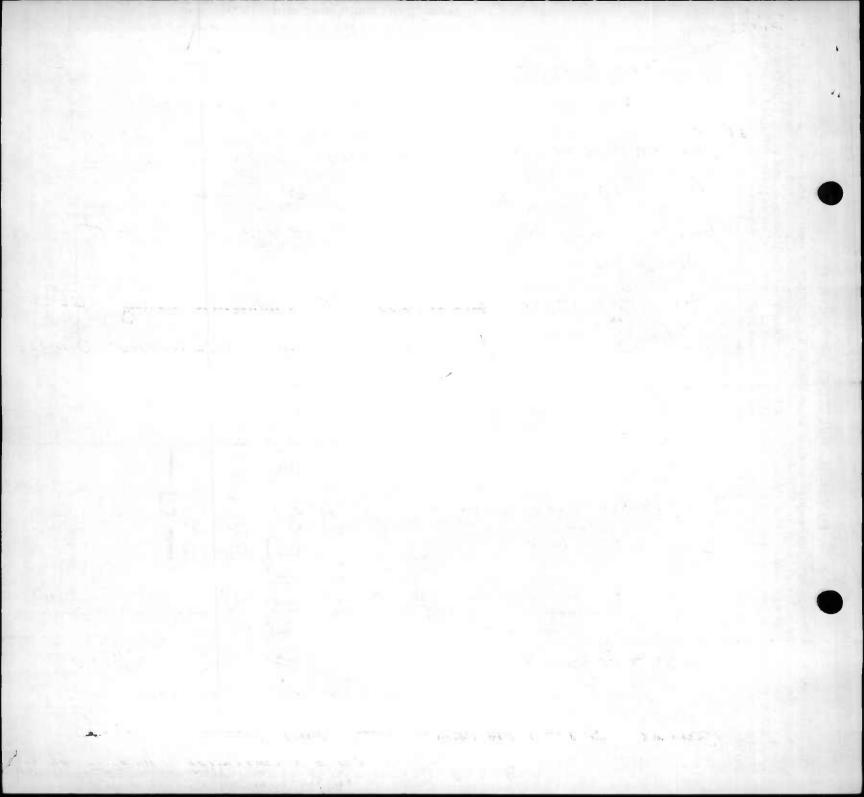
REMOVAL (Specify)

OF REGISTRAN SA. DATE REC'D BY

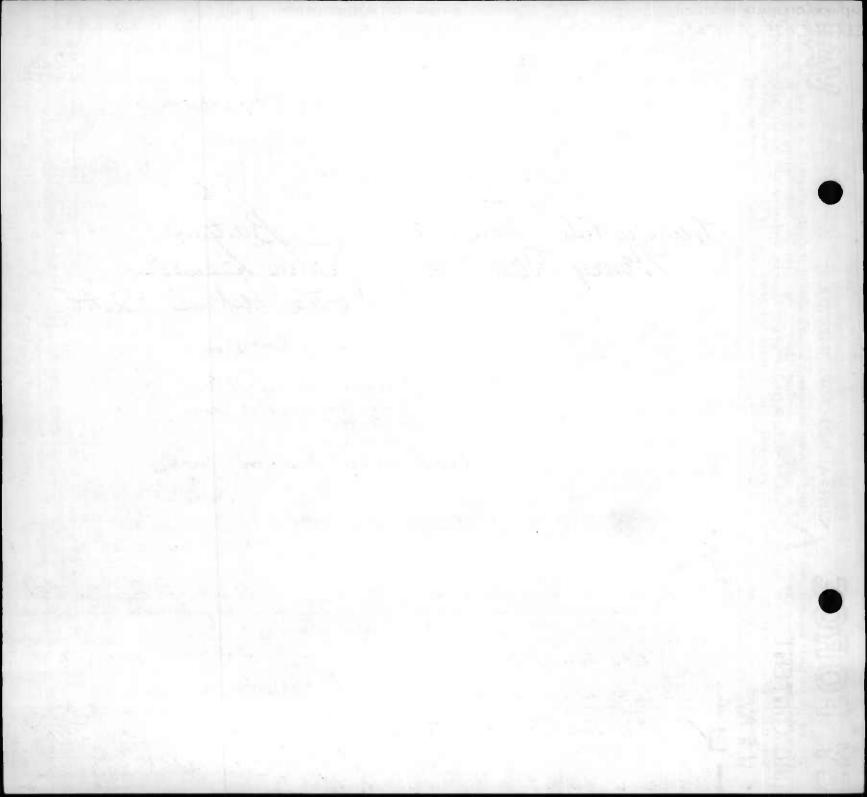
DIRECTOR

ADDRESS

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 67 4435 CERTIFICATE OF DEATH Registered No. 67 4435
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
(Type or Print) DANSBY ALICE R 5.2.67 11.50 a
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmiss) A. STATE 8. COUNTY
W Diene Car
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION Harmfal al Balfillione
D. STREET ADDRESS (If turol, give locotion)
To Ma. 1301 N. Montfard Me.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months Doys Hours Miles Months Doys Hours Miles Months Doys Mont
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if refired) WHAT COUNTRY? WHAT COUNTRY? WHAT COUNTRY?
13. FATHERS NAME
Herry Koro dom, Julia Barrel
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
Dering Huskins Distri
1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Pulmonary Embolism
(this does not meen the mode of dying, e.g., DUE TO
heort foilure, asthenio, etc. It means the disease, injury ar camplication which coused death.)
ANTECEDENT CAUSES (B) robable Jubclinical Deep
injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (B) Probable Subclinical Deep DUE TOLEN Thrombosis at Lawer
rise to the above couse (A) stoting the (C) EXTREMITTEE.
UNDERLYING CONDITION last.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Cerebraragular Aceident Thrombosis
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED IN CERTIFFING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
While At Not While □
Work Al Work
22. I certify that (I) (this hospital) attended the deceased from 4.13
that (1) (we) last saw the deceased alive an 2.2. 19.6/ and that in(my) (aur) apinion death accurred an the
and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.
23A. SIGNATURE
M.D. Attending Med. Stoff Phys. Phys
23 C. PHYSICIAN'S 23 D. ADDRESS
MAME (Type) S RATIOJKOVIC M.D. dusberau haojostal.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Sto
REMOVAL (Specify) & 6-17 OH T W
Durial 3- 01 Wi Vilus/1/2morial Galto /10
25%. DATE RECID BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. ENTERAL DIRECTOR APDRESS
MAY 8 1967 Plub E. Farluma Sagner Sanders 217 6 Treston
VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

67	4436	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 4436		
BIRTH NO. M.E. CASE NO.		CERTIFICA	TE OF DEATH	Registered No.	0/ 4400_		
1. NAME OF DECEASED	Frances Ret	HEANCES		T- G 7	12115-A		
3. PLACE OF DEATH IN	BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceosed lived. If i	nstitution: residence before odmissi		
	If not in hospital or institution	on, give street	518 5.	mont for	ed Ave - 24		
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If o	outside city limits, write	RURAL and give township)		
33		•	D. STREET ADDRESS	f rurol, give location)	a. 1-0)		
Church Hon	ne Y Hospi	tal					
5. SEX 6. RAC	T. MARRI WIDO	ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 12-5-89?	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
tOA, USUAL OCCUPATIO	N (Give kind of wark) 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?		
Houseu	-/		Marylas	ed .	America		
13. FATHERS NAME	ZYGO	WSK!	14. MOTHER'S MAIDEN NA	AME	11110000		
Julias		wski.	Marykin	Kowsk	1.		
15. Was Deceased Ever in	U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
No		213-1734	Mrs. Frances Ba	rczak 518 S.	Montford Ave		
18.260X	1	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR	CONDITION DIRECTLY			No 1:	ONSEI AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, (A) Inferior clerotic Abardio Losculae year. Ourieuce (B) Afterior clerotic Abardio Losculae year. Ourieuce (C) Disabeta Weelei Lin year.						
heart failure, astheni	a, etc. It means the disea n which coused deoth.)	ise,	driace				
, ,	EDENT CAUSES	(B) A	rfeurellerous	genera	hized year		
DISEASES OR CO	NDITIONS, if ony, giv	ing DUE 10	0/./				
rise to the abov	ve cause (A) slaling DITION last.	The (C)	raw fu pu	elli lin	year.		
	11	age	de print				
TO THE DEATH	CONDITIONS CONTRIBUTION TO CAUSING IT.		Albania da				
19A. DATE OF OPERA	TION 198. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	10 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBUTING	CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Baltimo	re City, give exoct location)		
W AE INTITION	i) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?			
(APPROX.)	-	While At Work At Work	le	-			
22. I certify that (I) (this hospital) ottende	d the deceased from	2-15-67	19 to	5-7-67 19		
		in 5-7-67	19 ond t	hat in(my) (aur) ap	inion death accurred on the de		
and haur and from	the causes stated above	o. (1) (We) (did) (did nat)	view the bady ofter death	•			
23A. SIGNATURE					23B. DATE SIGNED		
ecci	lariano	M.D. At	ys. Med. Director	Staff Phy s.	5-7		
23C. PHYSICIAN'S NAME (Type)	DILIA C. MI	ARIANO M.D.	23D. ADDRESS CHUR BALT	CH HON	HE & HOSPIM		
24A. BURIAL CREMATION REMOVAL (Specify)		NAME of CEMETERY	24D.	, - ,	City, town, or county) (Stote)		
Bu rial	5/10/67 S	acred Heart Of	Mary 750	O German Hi	ll, Baltimore, Md.		
	ALTH DEPT. 258. NAN						

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BALTIMORE CITY HEALTH DEPARTMENT

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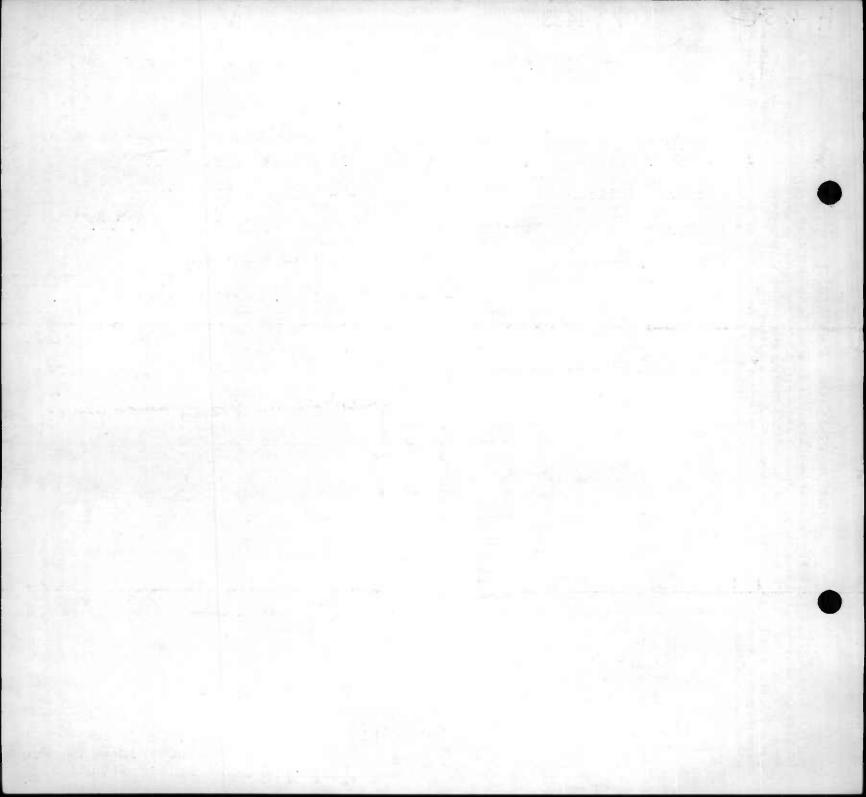
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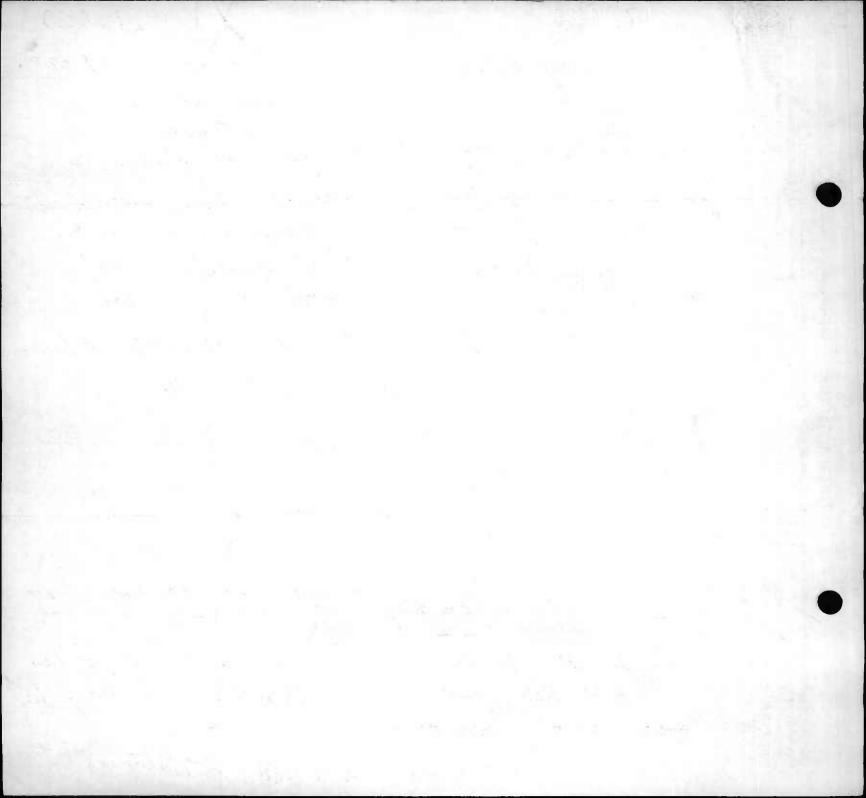
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BIRTH NO.	67 4438	DALIM	ORE CITY HEALTH DEPARTMEN		67 4438
M.E. CASE NO.	07 4300	CERT	IFICATE OF DEAT	H Registered No	1.
1. NAME OF DE		C. Herring		LOW 6 6 7	H - 4:30 P
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE		institution: residence before odmi:
FULL NAME OF (If not in hospital or institution, give street			Md.	001411	Bulk Con
HOSPITAL OF	R oddress or locotio		C. CITY OR TOWN	If outside city limits, write	e RURAL and give township)
0			Pikesvil	le	53-00
		s Nursing Home		(If rurol, give location)	1 2
	Belvere A	ve. Baltimore		ted Post Co	
s. sex Female	White	7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (s Widowed	10-4-1896	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours A
	of working life, even if retired)	Nursing Home	Western Ma		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NA	_	1101101116	14. MOTHER'S MAIDEN	*	
John (C. Draper		Virginia	Emswiller	
	ed Ever in U. S. Armed Fa wn) (If yes, give wor or dot	rces? 16, SOCIAL	17. INFORMANT	8	II Paiaporesi Pos
(Yes, no or unknov	wn) (If yes, give wor or dot	es of service) 2185-32	4798 Virginia C.	Herring P	ikesville Md.
	60X1		Cardiac fai	D1110 -	INTERVAL BETWEEN
DISE	ASE OR CONDITION DI LEADING TO DEATH		caroliae fai	lik à	
(This does	nal mean the made of	dying, e.g., DU	Chronic ruyoz Chronic ruyoz Cancer of Diabetes	a	6 month
heart failure	e, asthenia, etc. It means amplication which caused	the disease,	Cancer of	cervix	10 month
	ANTECEDENT CAUSES	(0)	JE TO		• 44 APPA 400 000 400 000 400 000 000 000 000 00
DISEASES			JE TO	0-	
DISEASES	OR CONDITIONS, if	any, giving	acabetes 6	hellitus	10 years
rise la	The abave cause (A)		Diabetes 1	hellitus	10 years
rise la			Diabetes l	helbetus	10 years
rise la UNDERLYII	the abave cause (A) NG CONDITION last. 11 NIFICANT CONDITIONS (slating the (C)	Diabetes 1	hellitus	10 years
UNDERLYII OTHER SIG TO THE DISEASE O	the abave cause (A) NG CONDITION last.	slating the (C) CONTRIBUTING ATED TO THE	Diabetes 1	hellitus	10 years
UNDERLYII OTHER SIG TO THE DISEASE O	ihe abave cause (A) NG CONDITION last. 11 NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING	CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATI			E FINDINGS CONSIDERED CAUSES OF DEATH?
VOLT SIGNATURE OF CONTROL OF CONT	Ihe abave cause (A) NG CONDITION last.	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION OF THE PROPERTY OF T		or No) 208. IF YES, WER IN CERTIFYING C	
OTHER SIG TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (not D	The abave cause (A) NG CONDITION Idst.	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATI FORMED 21B. PLACE OF INJI home, form, foctory, etc.)	URY (e.g., in ar obout 21 C. WHERE DI INJURY OCCU	or No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
VOLT SIGNATURE OF CONTROL OF CONT	Ihe abave cause (A) NG CONDITION Iasi. II NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner)	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATI FORMED 21B. PLACE OF INJI home, form, foctory, etc.)	URY (e.g., in ar obout 21C. WHERE DI	D (If in Baltim	E FINDINGS CONSIDERED :AUSES OF DEATH?
NOTHER SIG TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF THE DISEASE OF THE DEATH (not DEAT	The abave cause (A) NG CONDITION Iasl.	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION FORMED 21B. PLACE OF INJI home, form, foctory, etc.) (Hour) 21E. INJURY OCCU While At Work	URY (e.g., in ar obout Not While At Work 20 A. AUTOPSY? (Yes of Not Work 20 A. AU	or No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
OTHER SIG TO THE DISEASE O 19A. DATE (19A. DATE (19A	The abave cause (A) NG CONDITION Iasl. II NIFICANT CONDITIONS DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner) (Month) (Doy) (Year)	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATI FORMED 21B. PLACE OF INJI home, form, foctory, etc.) (Hour) 21E. INJURY OCCU While At Work	URY (e.g., in ar obout 21C. WHERE DI NJURY OCCU	Or No) 208. IF YES, WER IN CERTIFYING CO. (If in Baltim	E FINDINGS CONSIDERED CAUSES OF DEATH? OTE City, give exact location)
OTHER SIG TO THE DISEASE O 19A. DATE (OR CONTRI DEATH (not PINJURY (APPROX.)) 22. I certifit that (I) (we contributed that (II) (w	The abave cause (A) NG CONDITION Iasi. II NIFICANT CONDITIONS DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner (Month) (Day) (Year) Fy that (I) (this hespital)	CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATI FORMED 21B. PLACE OF INJI home, form, foctory, etc.) (Hour) 21E. INJURY OCCU While At Work I) attended the deceased freed alive an Many	URY (e.g., in ar obout 21 C. WHERE DI INJURY OCCU URRED 21F. HOW DID Not While 1 At Work 1996 7 an	Or No) 208. IF YES, WER IN CERTIFYING CO. (If in Baltimer) INJURY OCCUR?	E FINDINGS CONSIDERED CAUSES OF DEATH? OR City, give exact locotion)
OTHER SIG TO THE DISEASE O 19A. DATE (OR CONTRI DEATH (not PINJURY (APPROX.)) 22. I certifit that (I) (we contributed that (II) (w	The abave cause (A) NG CONDITION Iast. 11 NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF (Month) (Doy) (Year) Fy that (1) (this hespita E) last saw the decease Ind fram the causes sta	CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATI FORMED 21B. PLACE OF INJI home, form, foctory, etc.) (Hour) 21E. INJURY OCCU While At Work I) attended the deceased freed alive an Many	URY (e.g., in ar obout 21C. WHERE DI NJURY OCCU	Or No) 208. IF YES, WER IN CERTIFYING CO. (If in Baltimer) INJURY OCCUR?	E FINDINGS CONSIDERED CAUSES OF DEATH? OR City, give exact locotion)
OTHER SIG TO THE DISEASE O 19A. ACCID OR CONTRIDEATH (not OF INJURY (APPROX.) 22. I certify and haur a	The abave cause (A) NG CONDITION Iasi. II NIFICANT CONDITIONS DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION DISPLAYING DENT WAS UNDERLYING BUTING CAUSE OF Ify medical examiner) (Month) (Doy) (Year) Fy that (I) (this hespital E) last saw the decease und fram the causes starture.	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATI FORMED 21B. PLACE OF INJI home, form, foctory, etc.) (Hour) 21E. INJURY OCCU While At Work I) attended the deceased free alive an acceptance of the company	URY (e.g., in ar obout 21 C. WHERE DI INJURY OCCU URRED 21F. HOW DID Not While 21 F. HOW DID At Work and 31 P 6 7 and 31 and	or No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim R?) O INJURY OCCUR? 19 4 ta 200 d that in (resy) (our) auth.	E FINDINGS CONSIDERED AUSES OF DEATH? ORE City, give exact locotion) aug 6 19 6
NOTHER SIG TO THE DISEASE O 19A. ACCID OR CONTRIDEATH (not OF INJURY (APPROX.) 22. I certify that (I) (mand haur a 23A. SIGNA:	The abave cause (A) NG CONDITION Iasi. II NIFICANT CONDITIONS DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF Ify medical examines (Month) (Doy) (Year) Fy that (I) (this hospital Example of the causes started from the cause	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATI FORMED 21B. PLACE OF INJI home, form, foctory, etc.) (Hour) 21E. INJURY OCCU While At Work I) attended the deceased fi ed alive an	URY (e.g., in ar obout 21°C. WHERE DI INJURY OCCU IRRED 21°F. HOW DIE Not While 21°F. HOW DIE At Work 3 19 6 7 an Aid not) view the bady after dec	Or No) 208. IF YES, WER IN CERTIFYING CO. (If in Baltimer) INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ORE City, give exact locotion) aug 6 19 6
OTHER SIG TO THE DISEASE OF THE DEATH (not DEATH (not PPROX.) 21. Certification of The DEATH (1) (we and have a 23A, SIGNA)	The abave cause (A) NG CONDITION Iasi. II NIFICANT CONDITIONS DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF Ify medical examines (Month) (Doy) (Year) Fy that (I) (this hospital Example of the causes started from the cause	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATI FORMED 21B. PLACE OF INJI home, form, foctory, etc.) (Hour) 21E. INJURY OCCU While At Work I) attended the deceased fi ed alive an	URY (e.g., in ar obout 21 C. WHERE DI INJURY OCCU IRRED 21 F. HOW DID Not While 21 F. HOW DID At Work and 31 Med. Director 22 D. ADDRESS	or No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim R?) O INJURY OCCUR? 19 4 ta 200 d that in (resy) (our) auth.	E FINDINGS CONSIDERED AUSES OF DEATH? ORE City, give exact locotion) aug 6 19 6
OTHER SIG TO THE DISEASE OF 19A. DATE (CONTRIBUTION OF CONTRIBUTION OF CONTRIB	The abave cause (A) NG CONDITION Iast. 1	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATI FORMED 21B. PLACE OF INJI home, form, foctory, etc.) (Hour) 21E. INJURY OCCU While At Work I) attended the deceased fi ed alive an	URY (e.g., in ar obout 21 C. WHERE DI INJURY OCCU IRRED 21 F. HOW DIE Not While 3 19 6 7 an Attending Med. Director 23D. ADDRESS M.D. 9 2 0 5	or No) 208. IF YES, WER IN CERTIFYING CO. (If in Baltim R?) O INJURY OCCUR? 19 46 ta M. d that in (rey) (our) a ath. Stoff Phys	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) and 6 19 6 pinian death accurred an the
OTHER SIG TO THE DISEASE OF THE DEATH (not DEATH (The abave cause (A) NG CONDITION Iasl. II NIFICANT CONDITIONS DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF ify medical examinet) (Month) (Day) (Year) Fy that (I) (this hespital E) last saw the decease and fram the causes star TURE TAN'S (Type) REMATION, 248. DATE	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJUNITY OCCU While At Work Work 1) attended the deceased fired above. (I) (#e) (did) (did) (did) LICE 24C. NAME of CEMETE	URY (e.g., in ar obout 21C. WHERE DI NJURY OCCU IRRED 21F. HOW DID Not While 2 1967 an 1967 an Attending Med. Director 23D. ADDRESS M.D. 24 ERY or CREMATORY 24	208. IF YES, WER IN CERTIFYING COR. (If in Baltim R?) (If in Baltim R?)	E FINDINGS CONSIDERED CAUSES OF DEATH? One City, give exact locotion) Angle 19 6 pinian death accurred an the 23B. DATE SIGNED 5667 ST. (City, town, or county) (St
VOLT SIGNATE (CONTRIBUTE OF INJURY (APPROX.) 21A. ACCID OR CONTRIBUTE OF INJURY (APPROX.) 22. I certifithat (I) (was and haur a 23A. SIGNA: 23C. PHYSIC NAME 24A. BURIAL CIREMOVAL BUIL:	Ihe abave cause (A) NG CONDITION Iasl. II NIFICANT CONDITIONS DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF ify medical examinet (Month) (Day) (Year) Fy that (I) (this hespital buting Cause of Control (Month) (Day) (Year) Fy that (I) (this hespital buting Cause of Cause o	CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATION (Hour) 218. PLACE OF INJINOPY OCCU While At Work (Hour)	URY (e.g., in ar obout NJURY OCCU IRRED Not While At Work Tram 1967 an Attending Med. Director 23D. ADDRESS M.D. Attending Med. Director 23D. ADDRESS M.D. 24 ERY or CREMATORY 24 26 AutoPsy? (Yes of Crematory) 21C. WHERE DIR. WHER	208. IF YES, WER IN CERTIFYING COR. (If in Baltim R?) (If in Baltim R?)	E FINDINGS CONSIDERED CAUSES OF DEATH? One City, give exact locotion) Angle 19 6 pinian death accurred an the 23B. DATE SIGNED 5667 ST. (City, town, or county) (St
VOLTAR SIG TO THE SIG TO THE SIG TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (not DEATH (not PPROX.) 21 Certifith (I) (was and haur a 23A. SIGNA: 23C. PHYSIC NAME 24A. BURIAL CIREMOVAL	The abave cause (A) NG CONDITION Iast. 1	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJUNITY OCCU While At Work Work 1) attended the deceased fired above. (I) (#e) (did) (did) (did) LICE 24C. NAME of CEMETE	URY (e.g., in ar obout 21C. WHERE DI NJURY OCCU IRRED 21F. HOW DID Not While 2 1967 an 1967 an Attending Med. Director 23D. ADDRESS M.D. 24 ERY or CREMATORY 24	or No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim R? INJURY OCCUR? 19 4 ta 200 d that in (rey) (out) a ath. Stoff Phys. D. LOCATION Baltimore CTOR 42	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact locotion) au 6 19 6 pinian death accurred an the

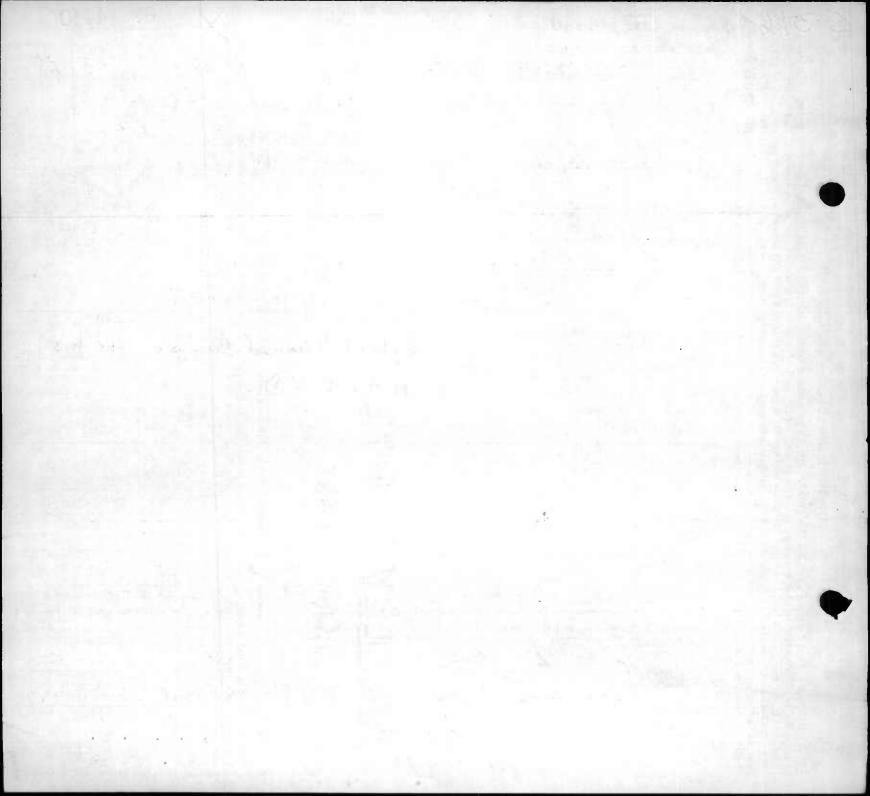


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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the boay was rejeased to the nospital by a medical examiner. Also, it the direct of contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
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	67 4439	BALTIMORE CITY	HEALTH DEPARTMENT	V	CITY AAOO
BIRTH NO.	07 4400	CERTIFICA	TE OF DEATH	Registered No.	6/ 4439
M.E. CASE	NO, DE DECEASED	CERTIFICATION (D HOUR OF DEATH	
(Type or Pri		5-20	2. DATE AN	D HOUR OF DEATH	
2 BLACE	1100. mary	ochine	/	5 1 67	01:29 Pm.
3. PLACE	OF DEATH IN BALTIMORE, MARYL	AND	A. STATE B. COUN	e deceased lived. If in	nstitution: residence before (dmission)
FULL N	AME OF (If not in has pital or in	astitution cue steet	ama	willand	1 B. Ota Car
HOSPITA	AL OR address or location)	ismortun, give sneet	C. CITY OR TOWN (If out	side city limits, write	RURAL and give tawnship)
INSTITU	TION		72	117	62 - 15
11/		11 . + 1	D. STREET ADDRESS (III	rural, give lacation)	
14 C	on Secours	Mospina	7		11. 0
			1011	51. Al	bans ND.
5. SEX		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years tast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
den	ale ashite	married	12/25/79	811	
	OCCUPATION (Give kind of work 108		11. BIRTHPLACE (State or farei	gn country)	12. CITIZEN OF
done during	mast at warking file, even if retired)		D OA		WHAT COUNTRY?
	270	no	Bally	merce	U.S.
13. FATHER	SNAME		14. MOTHER'S MAIDEN NAM	WE	•
	1/150.1	7	mana	uerite	Don
15. Was D.	eceased Ever in U/S. Armed Farces?	VA. SOCIAL	17. INFORMANT	will	ADORESS
(Yes, na ar u	nknawn) (If yes, give war ar dates af	service) SECURITY NO.	(/		79,1233
No			Family		Same
18.	12301	CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	ri v			ONSET AND DEATH
	LEADING TO DEATH	A	cute Cardia	a stand	tion bhouse
(This	does not mean the made of dy	ing, e.g., DUE TO	con come	O PURINO	ecce moura
hearl	failure, asthenia, etc. It means the	diana.	1		
injuly	or complication which coused dec	oth,)	yslete hear	7 Block	
	ANTECEDENT CAUSES	(B) COL	yare was	1610CM	
DISEA	SES OR CONDITIONS, if any,	, giving			
rise	to the obave cause (A) sta				
UNDE	RLYING CONDITION last.				
_	11				
OTHEI	R SIGNIFICANT CONDITIONS CON THE DEATH BUT NOT RELATED	TRIBUTING			
DISEA	SE OR CONDITION CAUSING IT.				
U 19 A. D.		ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE	FINDINGS CONSIDERED
RIF	WAS PERFOR	MED	200	IN CERTIFYING CA	TOSES OF DEATH!
U 21 A. A	CCIDENT WAS UNDERLYING DEPARTMENT OF	21B, PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(If in Baltimar	e City, give exact lacation)
OR CO	ONTRIBUTING CAUSE OF (notily medical examiner)	home, larm, factory, street, af	fice bldg., INJURY OCCUR?		
Ü					
21 D. TI OF IN.	ME (Manth) (Day) (Year) (H	aur) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2 (APPRO		While At Nat While Wark At Wark	е		
20. 1			to made	.1-2 +	77 0 1 1 -
	certify that (1) (this hospital) of	/	1 - 1	967 10 57	5 may 1967
thot () (we) lost sow the deceased o	live on 576 may	19.6.7.1. ond the	ot in (my) (<u>our)</u> op	inion death occurred on the dote
		obove. (1) (We) (did) (did not) v	/		
l l	GNATURE		,		23B, DATE SIGNED
	1 2	A A M.D. Atte	ending Med.	Staff 🔽	L / /
	on Or.	Phy:	s. Director	Phys.	5 /5 /67
23 C. PH	YSICIAN'S AME (Type)		23 D. ADDRESS	0	10
"	3, A/ RS	X PARK M.D.	Ra	Doon	my Hoss To
24A. RIIDI	AL CREMATION, 24B. DATE	24C.NAME of CEMETERY OF CRE	MATORY 1345	CATION 'C	ve pa
REMO	OVAL (Specify)	*			ity, tawn, or county (State)
В	urial 5/8/67	Cedar Hill Cem		A A Co Mo	
25A. DATE	REC'D BY HEALTH DEPT. 258	. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS ADDRESS
	ARRY O YOUT A	0 0 15 - 19 . 10 m	mac dis	7241	ratapasa (Que. 25
VS 150-RE	11/1/65 ISD/ (IC	H. It & ATOLINE	1 1 1 1 1 1 1 1 1	NI	ar Jesco Co. 11-0
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029 4.4.6	BALTIMORE CITY	HEALTH DEPARTMENT	\ /	67 1110
BIRTH NO. 67 4440	CERTIFICA	TE OF DEATH	Registered Na.	97 4440
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) Sudbyook	moter 2	0r04 5-	-6-69	1 8: 25 M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	wat to ge	4. USUAL RESIDENCE (Where	deceosed lived. If insti	tution: residence before admission)
FULL NAME OF (If not in hospital or institution,	nive street	maryland	1	99 (n
HOSPITAL OR oddiess or lacolian)	, give sileer		ide city limits, write RU	RAL and give tawnship)
		Baltemore		52-00
16 The Man Comme	14 . 2	D. STREET ADDRESS (If ru	ural, give location)	
Trankin square	1108P.	1204 3rd	HUQ.	
WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIRTH	. AGE (In years ost birthday)	lf Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
Male White Ma	eried	11 PIPTHEI ACE (State or force)	63	12. CITIZEN OF
done during most of working lile, even if retired)	OF BUSINESS OR INDUSTRI	1.	1	WHAT COUNTRY?
	etric Co	marylan		UISIA
13. FATHERS'NAME		14. MOTHER'S MAIDEN NAM	\E	,, .
Charles Sudbrook	Ź	Rose Ha	dams	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (II yes, give war ar dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 4	ADDRESS
No	215094934	((65 profeet	charl.	
18. 45-1 X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	a h	- 1011	Ω Λ	
LEADING TO DEATH (This does not mean the mode of dying, e.g.	(A) KILDU	red Hodomma	(Hnewysm	48 NV3,
heart foilure, asthenio, etc. It means the disease			9	
injury or complication which caused deoth.) ANTECEDENT CAUSES	(B) H J	A.S.C.V.D	•	
DISEASES OR CONDITIONS, if any, givin	DUE TO	######################################		
rise to the obove cause (A) stating th				
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
TO THE DEATH BUT NOT RELATED TO T				
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or Na)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 19 21A. ACCIDENT WAS UNDERLYING 221		YE5	IN CERTIFYING CAUS	YES YES
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in arme, laim, factory, street, of	fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
	c.)			
OF IN ILLRY	E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
	Vhile At Not While At Wark	e 🗌		
22. I certify that (I) (this hospital) attended	the deceased fram	5-5 1	96710	-6 1969
that (I) (we) last saw the deceased alive an	5-6	19 6 7 and tha	t in (my) (aut) apini	an death accurred an the date
and haur and fram the causes stated above.	(I) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE			/	3B, DATE SIGNED
K. B.	Tel M.D. Alle	ending Med. Director	Stoff - Phys.	5-6-69
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	,	
Ki Bum	wee M.O.	Fivanklin	Square	Hospital
	NAME of CEMETERY OF CRI	MATORY 24D. LO	CATION (City,	town, at deunty) (State)
Burial 5 10 67	Ceda r Hill	Bro	oklyn, A. A.	Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAY 8 1967 Robert	5 E, starleum	Mc Cully	130 E.	Fort Ave
VS 150-REV. 1/1/65		4 4 4 6		



BALTIMORE CITY HEALTH DEPARTMENT W -200 BIRTH NO.7. 4441 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4441

$\overline{}$	L CASE NO.											
1. I	NAME OF DEC	EASED							D HOUR PRONO	UNCED DEAD		
		WI	LLIAM	Bennet	t WISH	E		May 5	, 1967		5:15	P M.
3. P	LACE IN BALT	IMORE, MARY	LAND, WH	ERE PRONO	JNCED DEAD	4. U	SUAL RESI	DENCE (Where	deceased lived. I	county	dence befor	re odmission)
FLLI	L NAME OF	(IF NOT II	N HOSPITA	L OR INSTITU	JTION, GIVE STREET	.	M	aryland				
HO	SPITAL OR	ADDRESS	OR LOCAT	ION)	JIION, OIVE STREET	C. C	ITY OR TO	WN (If outsid	e corporate limits,	write RURAL o	nd give tow	vnship)
,	1						В	altimore	2		2//-	1-1
4	Sina	i Hospi	tal			D. S		DRESS (If rurol,				
1	9						2	914 Wood	lland Ave	nue		
5. S	EX	6. RACE			NEVER MARRIED DIVORCED (specify)	8. DA	TE OF BIR	TH	9. AGE (In y	eors If Unde	Oovs Ho	Inder 24 Hrs.
1	Male	Whit			dower	Se	pt. 16	1908	58			
IOA	USUAL OCC	PATION (Give	kind of work		BUSINESS OR INDU	STRY 11. BI	RTHPLACE	(State or foreig		12. CITIZ		nva
don	during most of v		n if refired)	U. S.	Post Office		Balti	more, M	d.	WH	AT COUNT	KT?
13.	ATHER'S NAM		1			14. M		MAIDEN NAM				
		Will	iam Be	ennett	Wise			Mary Ha	nna Pater	3		
	WAS DECEASE	D EVER IN U.	S. ARMED	FORCES?	16. SO CIAL	17. IN	FORMANT			ADDRES	S	
(Yes	, no or unknown Yes	W W	-	of service)	212-09-4282	Mn	a Any	a Humla	ck, 2914	Woodlan	d Arre	
_	18.	- 14	~					la liui 10	CR, 2714	HOUGIAIN		DETIMENT
	10	7/1			CA	U SE OF I	JEAIN					ND DEATH
	DISEA	E OR COND	TION DIR	ECTLY	Mot	actat	ic Car	ccinoma				
	LEADING TO DEATH (This does not mean the mode of dying e.g., DUE TO											
	heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)											
	ANTECEDENT CAUSES (R) Carcinoma of Head of Pancreas.											
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO					cinom	a of l	lead of	Pancreas.		••••	
	RISE TO TH	E ABOVE CAL	JSE (A) STA		201 10							
Z		#4°			(C)				• • • • • • • • • • • • • • • • • • • •			
CERTIFICATION		- 11		W								
0	TO THE	NIFICANT COI DEATH BUT	NOT REL	ONTRIBUTII	N G THE							
분	DISEASE O	R CONDITION	CAUSING	IT.								
S	19A. DATE OF	OPERATION	WAS PERF		WHICH OPERATION	20.	_	Y? (Yes or No) Yes	208, IF YES, WE			Yes
_	21A, EXTERNA	CALLE WA	5	loza	DI ACC OF INITING				(IC: But			160
MEDICA	UNDERLYING	OR CONTRIB		home	PLACE OF INJURY (e., form, foctory, street	et, office	oldg., INJUI	WHERE DID	(If in Boltimore Ci	ty, give exoct I	ocofion)	
包	UTING LICAU	SE OF DEATH		etc.)								
2	21 D TIME OF INJURY	(Month) (D	oy) (Yeor)	(Hour) 2	E. INJURY OCCURR	ED	21 F. H	IOM DID INT	JRY OCCUR?			
	(APPROX.)				WHILE AT NORK	OT WHILE						
	22.	ify that I he	ld on In			T WORK artia Autopsy		ad that on th	is bosis, deoth	in my opinia		
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	19501	red fram: 140	10101 600	ses 🔼	Cerident _ 301	cide		MEDICAL EX	Indetermined m	ionner [
	ACTUA	- 1	01.	.1. 1	1-	4.55					DATE	SIGNED
	SIGNAT		- ha	eles 5	Polly				AMINER 🗵		5/6/6	7
	HAME (_	Char1	les S.	Petty	A55	CIATE	MEDICAL E	XAMINEK		3/0/0	/
	. BURIAL CRE	MATION, 23E	DATE		C. NAME OF CEMETE	RY or CRE	MATORY	23 D. L	OCATION	(City, town, or	county)	(Stote)
REA	NOVAL (Specify Buria		5/9/19	967	Woodlawn Ce	meter	7	Ba	ltimore,	Md.		
244	DUL' L				OF REGISTRAR		DAC FIGNE	DAL DIDECTOR			ADDRESS	
			10.00		- E. Farker		61/	4.44	nervan. 46	11 Park	Heigh	ts Ave.
		MAY 8	1967	howar) C'I controlly		10.10	men xe	nerron.			

VS 151-REV. 1/1/65

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BIRTH		BALTIMORE CITY	Y HEALTH DEPARTMENT	GO AAAO
	H NO. 67 444	2 CERTIFICA	ATE OF DEATH Registered No.	67 4442
	AME OF DECEASED		2. DATE AND HOUR OF DEATH	
	e or Print)	I CRIMVE		
3. PI	LACE OF DEATH IN BALTIMORE, A	L SPINKS	May 4, 1967	titution: residence before odmi
			A. STATE B. COUNTY	
FI	FULL NAME OF (If not in hospit HOSPITAL OR oddress or local	tol or institution, give street	Md.	
	NSTITUTION		C. CITY OR TOWN (If outside city limits, write R	URAL and give township
		valesarium	Baltimore	- J.1.1
	6ll6 Bela	ir Road	D. STREET ADDRESS (If rurol, give location)	
			3115 W. Belvedere Ave	
5. SE	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday)	Months Doys Haurs A
	Male Caucasian		June 10, 1901 65	
	. USUAL OCCUPATION (Give kind of v	work 10 B. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even if retire		Folle Chunch Winginia	WHAT COUNTRY:
12 "	Machinist FATHERS NAME	Sewing Machine Mfgr.	Falls Church, Virginia	
13. 1				
	Roy	Spinks	Etta Smith	
	Was Deceased Ever in U. S. Armed s, no or unknown) (If yes, give war or c		17. INFORMANT	ADDRESS
1162			Mac Jasans Cainles 2115 1	I Bolaredone A
T	No IIB.	212-03-2045A	Mrs. Leanna Spinks, 3115 V	INTERVAL BETWEE
	7 20, /		/	ONSET AND DEAT
	DISEASE OR CONDITION LEADING TO DEAT	DIRECTLY TH	la de la la la de la dela de	1 hours
	(This does not mean the mode	of dying, e.g., DUE TO	your car injacour	
	hearl failure, asthenia, etc. It med	ons the disease,	ly o carolial infaction ter in cleratur hear to besein	
	injury or complication which caus	sed death.)	les in clera Tur hear labereau	10 year
	ANTECEDENT CAUS	SES (B) DUE TO		J
	DISEASES OR CONDITIONS,			
	rise to the above couse (A) stating the (C)		
1	LINDERLYING CONDITION IACL			
	UNDERLYING CONDITION Iosi.			
z	II	CONTRIBUTING A D D	+ . 0 1:	1/2
TION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R	S CONTRIBUTING Cerelial	as terincles tis	10 years
CATI	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	V 111	as ter includities	INDINGS CONSIDERED
CATI	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. C	S CONTRIBUTING CELLAR OF IT.		INDINGS CONSIDERED
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BALTIMORE CITY HEALTH DEPARTMENT

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1		8	BALTIMORE CITY	HEALTH DEPARTMENT	1/	CH AA	4 4
BIRTH NO.	67 4444		CERTIFICA	TE OF DEATH	Registered Na.	67 444	34
1. NAME OF E (Type ar Print)	CAMP, E	INOR		2. DATE AN	4 1, 196	7 22	PM M
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		A. STATE B. COUN	22/	High Vie	are admission)
FULL NAM HOSPITAL C	address as location	ar institution, give stre		C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give towns	hip)
Johns	Hopkins	Hospi	HI	D. STREET ADDRESS (III	rural, give location)	V-0	-/
33	3				briew		
5. SEX	6. RACE	7. MARRIED, NEVER WIDOWED, DIVO		B. DATE OF BIRTH 12-23-27	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Months Doys Hou	Under 24 Hrs.
dane during mos	CCUPATION (Give kind of wor of working life, even if retired) lousewife	Home		11. BIRTHPLACE (Stote or fore Balto. Md.		12. CITIZEN OF WHAT COUNTY	RY?
13. FATHER'S	IAME			14. MOTHER'S MAIDEN NA	WE		
GEO	RGE WINTERS			ANN HOL	INSKEY		
15. Was Deceo	sed Ever in U. S. Armed Fo	rces? 16. SO	CIAL CURITY NO.	17. INFORMANT		ADDRESS	
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2	Cl.Rec. John's	Hopkins Hos	sp. Balto. M	d.
1B. 2	3 6 X I	20	CAUSE O		et illing, Lus	INTERVAL I	
DIS	EASE OR CONDITION DI	RECTLY G	1			7	,
(This doe	LEADING TO DEATH s not mean the mode of	dving, e.g.	DUE TO	IOXIA		13 m	<i>A</i>
heart failu	re, asthenio, etc. It means camplication which caused	the dise se, a	X		,		
	ANTECEDENT CAUSES	_ <	Q W(B) ≥DUE TO	andine ARM	est		*********
DISEASES	OR CONDITIONS, if	any, living	2 Spor 10				
	the above cause (A)	stoting e	80(C)				
	11	8	8				
E TO THE	GNIFICANT CONDITIONS (DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO THELL	TE Rens	1 Neoplasm			
1.7	OF OPERATION 198. CON	NOTION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA		ED
OR CONT	DENT WAS UNDERLYING [RIBUTING CAUSE OF otify medical examiner)	218. PLACE	OF INJURY (e.g., i foctory, street, o	or obout 21C. WHERE DID	(If in pattimor	e City, give exoct loca	otion)
21 D. TIME	(Month) (Doy) (Year)		Y OCCURRED	21F. HOW DID IN.	JURY OCCUR?		
(APPROX.)		While At Work	Not Whit At Work	е			
22. 1 cert	ify that (1) (this hospita	I) ottended the dece	eosed from	4-23-67	.19ta	5-11/67	19
that (I) (ve) lost sow the deceos	ed olive an5	-1-67	19and th		inion deoth accurre	d on the dat
ond hour	ond fram the causes sta	ted above. (1) (We)	(did) (did nat)	riew the body after death.			
23A. SIGN	ATURE	101		AAAA —	\$4-11	238, DATE SIGNED	
11	mes & A	llen	M.D. Att.		Staff Phy s.	5/1/67	•
NAM	JAMES L	ALLEN	M.D.	The Johns Hey	pkins Hes	oital	
24A. BURIAL REMOVA	REMATION, 248. DATE		CEMETERY OF CR	EMATORY 24D. I	LOCATION	ity, town, or county)	(State)
Remo	val 5-3-6	1	-	onal Cemetery		on, Virginia	9.
25A. DATE RE	MAY 8 1967	Policy &		Johnson Fun		8521 Loch R	
VS 150-REV. 1	/1/65	7 9 6	1 15	7 4 5	Loa		

221 Higheres 12-23-27 39 YENER LEGH KO Prices -Candida Harast Left Rowal Macgleson -Stilled The Reduct Worldow 143 57467 The John Hopkins Hagital

- 11	987. 4445		TE OF DEATH	Registered No.	67 4445				
(M.E. CASE NO. 1. NAME OF DECEASED Type or Print) Raymond Eugene Bu	terbaugh	2. DATE AND	7 4, 1967	10:30 P				
0	FULL NAME OF HOSPITAL OR oddress or locotion) WS Public Health Service	ution, give street	A. USUAL RESIDENCE (Where A. STATE B. COUNT NJ C. CITY OR TOWN (1 out MILLVILL)	e deceosed lived. If inst IY side city limits, write RU 3	itution: residence before odmission) URAL and give township)				
	3100 Wyman Park Drive		303 Colum	urol, give locotion) bine Ave.					
	M W	RRIED, NEVER MARRIED OWED, DIVORCED (specify) Single	5/17/37	29	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even if retired) Sand loader	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?				
	Adolph Buterbaugh		Goldie Knaue						
Ī	5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of sei	vice) 16. SOCIAL SECURITY NO. 175-30-4520	17. INFORMANT Records— US P	HS Hospital,	Balto, Md.				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O A (A) DUE TO	F DEATH cute passive con	gestion	INTERVAL BETWEEN ONSET AND DEATH Terminal				
	(This daes nat mean the mode of dying, heart failure, asthenio, etc. It means the disinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIET TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving the (C)	cute myelogenous	leukemia	Months				
		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI IN CERTIFYING CAU					
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?		City, give exact location)				
	21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work		JRY OCCUR?					
	22. I certify that (1) (this hospital) attended the deceased fram Mar. 19 19 67 to May 4 19 67 that (1)/(we) last sow the deceased alive an May 4 19 67 and that in(m/) (aur) apinion death accurred on the date and hour and from the causes stated obave. (1) (We) (dld) (did/19) view the bady ofter death.								
	23A. SIGNATURE McLael & Peleza 23C. Physicians NAME (Type) Michael E. Pelezar,	M.D. Att.		Stoff Phys.	5/5/67				
	24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 5/8/67	AC. NAME OF CEMETERY OF CR	ERY EXM		co, PA.				
	25A. DATE REC'D BY HEALTH DEPT. MAY 8 1967	Lub E Fally 11	HOWARD H. HUB	BARD 4107 V	VILKENS AVE. 21229				

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The Street Resident Court of Account

	FU	VERAL	DIREC	TOR:	FUNERAL DIRECTOR: IMPORTANT	TANT					H	11
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	ed by the c	nief med	lical ex	aminer	or his as	istant	if death	Occurre	o ui p	hospita	and ,	
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death 🦟	hospital by	a medi	cal exa	miner.	Also, if	the dire	ect or	contribu	ling cat	use of	death	L
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	lature; (2) B	ody bur	ns; (3) A	fractur	e of any	kind; (4	t) Unde	termine	canse;	(5) Dec	eased a	
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	pt where t	ne phys	ician w	ho pron	onuced	death	was in	regular	attend	ance o	n the	1
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	(6) No phy	sician w	as in r	egular	attendar	ce on	the dec	eased	prior to	death.	Such	1
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V ON AAAO	BALTIMORE CITY HEAL	TH DEPARTMENT		OPI AAAA
BIRTH NO. M.E. CASE NO.	CERTIFICATE	OF DEATH	Registered Na	67 4446
1. NAME OF DECEASED. (Type or Print) William W.	Hanley	2. DATE AND	HOUR OF DEATH	111.10 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	/ 4. US A. ST	ATE B. COUNT	Υ	tution: residence before admission
FULL NAME OF (If not in hospital or institution, gi HOSPITAL OR address at location) INSTITUTION	10 311001	Marylan TY OR TOWN (If outs	ide city limits, write RUI	RAL and give township?
Morth Charles Har	D. \$1	Balling a	rol, give location)	4-0
			illiam S	
5. SEX 6. RACE 7. MARRIED, N. WIDOWED,	DIVORCED (specify)		ast bighday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work lob, KIND OF done during most of working life, even if retired)		RTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance Soa	ap Co.	N. C.		USA
13. FATHERS NAME	ley 14. M	OTHERS MAIDEN NAM	krow	Martha Kline
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service)	16. SOCIAL 17. IN	FORMANT	1.0.00.0	ADDRESS
No	Mr	. Ruth N. Ha	rley	Same
18. 4 20, 11	CAUSE OF DEA	тн		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4		#1	
(This does not mean the made of dying, e.g.,	DUE TO	sonary.	do Contena	· · · · · · · · · · · · · · · · · · ·
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)				
ANTECEDENT CAUSES	(B)	V'CD		
DISEASES OR CONDITIONS, if any, giving	DUE TO			
tise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	patients.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED	HICH OPERATION 20	A. AUTOPSY? (Yes or Na)	20B. IF YES, WERE FIN	DINGS CONSIDERED
OR CONTRIBUTING CAUSE OF CEL.) DEATH (notify medical examine) 218. 9 home etc.)	PLACE OF INJURY (e.g., in or ob , form, foctory, street, office blo	out 21C. WHERE DID	(If in Boltimore C	City, give exoct locotion)
	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	Not While At Work	_		
22. I certify that [5] (this hospital) attended the		10	1/2 10 5	10 %
that (I) (46) last saw the deceased alive on	4 1 ()	,		
and hour ond from the causes stoted obove. (1)		/	()	on down occomed on the de
23A, SIGNATURE	(we) (did) (exe ma) view ii	e body offer deoffi.	2	3B. DATE SIGNED
F- albany	M.D. Attending	Med.	itoff Phys.	5-6.67
23C. PHYSICIAN'S NAME (Type) W. K. D. L. 10	23D. A		пуз. 🗆	
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CREMATO	RY 24D. LO	CATION (City,	town, or county) (State)
REMOVAL (Specify) Burial 5 10 67	Moreland Memori	al	Balto. M	d.
		C. FUNERAL DIRECTOR	202004 10	ADDRESS
MAT 0 1901 Olobert	E. Jankey Hut	Mc Cully		130 E Fort we
VS 150-REV. 1/1/65	/ () ()	11 4 5 1		

Server M. Park ę 11800 5 - 5 - 5 - 5 - 5 - 5 - 5 THE WASHINGTON W. Koho was

•	FUNERAL DIRECTOR: IMPORTANT	: IMPORTANT
icate must be approved services and the An accident of any n	ved by the chief medical examiner hospital by a medical examiner nature; (2) Body burns; (3) A fract	proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death my nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
L at a hospital (exce prior to death); and oproval must be obta	ept where the physician who pr I (6) No physician was in regula iined before the remains are emb	al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.

(01)	BALTIMORE CITY	HEALTH DEPARTMENT
70 0-	BIRTH NO. 67 4447 CERTIFICA	TE OF DEATH Registered No.
death death cease on th	I.NAME OF DECEASED (Type or Print) Herman E. Barrow	May 6, 1967 940 0 M.
to Dot	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
hos use and de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	Md. Balto. C. CITY OR TOWN (If outside city limits, write RERAL and give www.nship)
in a lang cau	INSTITUTION	C. CITY OR TOWN (If outside city limits, write RERAL and give ownship) Baltimere
ting d cau r att r att prior	4905 PARKTON COULT	D. STREET ADDRESS (If rurol, give locotion) 4905 Parkton Court
ribu nine gula ed	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male Cauc Married	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
- 0 - 6 6	IGA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
deat t or Und as i	Clerk 13. FATHERS NAME	West Virginia U.S.A. 14. MOTHERS MAIDEN NAME
irec (4) (4) w r h th	(late) Edward Barrew	(late) Daisy
istant the di kind; death ce on nal di	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
t n		Mrs. Anne Barrew 4905 Parkten Court
or his as Also, if re of any nounced attendar	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
Also Also or hour	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	esternice Cardia Muscular dirine 2m
2 - 2 - 2 - 2	heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	A JAMES AND
min frac frac gulc emb	ANTECEDENT CAUSES (B) POINT	elinare Carains viscolar direct Pop
exanta) A wh wh are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the (C)	
- a C L .: s	UNDERLYING CONDITION loss.	
nedice edice burns hysic n wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
thief ram 3ody like pl	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal by (2) like (4) here to before	U 27A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in OR CONTRIBUTING CAUSE OF Abmoe, lorm, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location) fice bldg., INJURY OCCUR?
spi ure v v ed	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whife	21F. HOW DID INJURY OCCUR?
- 000	(APPROX.) While At Not Whife At Work	1/2 /2
G 0	22. I certify that (I) (this hospital) attended the deceased from	19 10 3/1/
sed to sed to ent of a spital (leath); ust be	and hour and fram the causes stated above. (1) (We) (did) (did not) v	and that in (mg) (aur) apinian death accurred an the date
ast be a assed to dent of ospital death) must b	23A. SGNATURE	23B. DATE SIGNED
al to	Mulmar runtary 1790 Phys	-/ //
was r was r An a A. at a prior	NAME (Type)	679 Washington Blvd. Balto md
	24A. BORIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
cerry Sod Sod D.C ase	Burial May 9, 1967 Loudon Parl	Balto. Md.
This ce the book shows: was D. deceas	MAY 8 1967 Per E Torbera	25C. FUNERAL DIRECTOR ADDRESS Witzke Funeral Dir. 4101 Edmondson Ave.
	VS 150-REV. 1/1/65	4 4 5 5

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	EASED		7-31		2. DATE AND	HOUR PRONOUNC	ED DEAD	
3. PLACE IN RALTI	MORE, MARYLAND, WH	LLIAM	APPLEBY	M HISHAL DESIG	5-2-6	67	itution: reside	11:40 PMM.
				A STATE Maryland	d	B. COL	INTY	nce before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCAT	L OR INSTITUTI	ON, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, write	RURAL ond	give township)
	EEDS STREET -	Amb Ca	#12	Baltimo			10	- 0 X
00	FEDS SIKEFI -	Allib. CI	.ew 1/12	D. STREET ADD	eds Stree		9	
5. SEX 6		7. MARRIED, N		B. DATE OF BIRT		9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
Male	White	Divor	ORCED (specify)	Jan. 17	. 1918	lost birthdoyl	Nonms D	oys Hours Min.
	PATION (Give kind of work) orking life, even if retired)	OB. KIND OF B	USINESS OR INDUSTRY			country)	12. CITIZEN WHAT	OF COUNTRY?
13. FATHER'S NAMI				Balte	., Md.			USA
	am C. Appleb	er In			zabeth			4
15. WAS DECEASED	EVER IN U.S. ARMED	FORCES? 16	S. SOCIAL	17. INFORMANT		Mund 7	ADDRESS	
Yes, no or unknown)	(If yes, give wor or dotes		SECURITY NO. 217-09-7252	/32	Maryland	Ave 21	228	
18. 2L 5 D	. 0	1		OF DEATH	1112 / 10110		1	NTERVAL BETWEEN
DISEASI	E OR CONDITION DIR	ECTLY					,	ONSET AND DEATH
	LEADING TO DEATH		(A) Arter	riosclero	tic hear	disease		
heort foilure,	ot meen the mode of ostherio, etc. It meens application which coused do	the discose.	DUE TO					
DISEASES O	NTECEDENT CAUSES OR CONDITIONS, IF AN	NY, GIVING	(B)DUE TO		*			
UNDERLYIN	G CONDITION LAST.	ATING THE						
<u>o</u>			(C)	******				
	IFICANT CONDITIONS C							
T DISEASE OR	CONDITION CAUSING	IT.						
19A. DATE OF	OPERATION 19B. COND		ICH OPERATION	20A. AUTOPSY		B. IF YES, WERE FILL CERTIFYING CAU		
Z 21A. EXTERNAL		21B, PL	ACE OF INJURY (e.g., form, foctory, street, c	Yes	WHERE DID (If	Yes	ve exact loc	otion)
UNDERLYING CAUS	OR CONTRIB-	home, etc.)	form, foctory, street, c	ffice bldg., INJUR	r OCCUR?	,,,,		
Z 21D TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. H	OW DID INJUR	Y OCCUR?		
OF INJURY	no. Niel C		ILE AT NOT	WHILE				
(AFFROAL)		m. WO						
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22. I certi resulte	ed from: Noturol cou	ses X Acc			EDICAL EXA			DATE SIGNED
22, I certi resulto ACTUAL SIGNATU	JRE Noturol cou	ses X Acc		ASSISTANT M	EDICAL EXA	MINER	5	
22. I certi result: ACTUAL SIGNATU EXAMINE NAME (T	IRE Noturol cou	Tube			EDICAL EXA	MINER	5	DATE SIGNED
22. I certi result ACTUAL SIGNATU EXAMINE	JRE RUSSELL AATION, 23B. DATE	s. FISH	₩. D.	ASSISTANT M	EDICAL EXA	MINER	5, town, or con	-3-67

Divorced False, No. 10, 1918

Silver Silver

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Markey F. D. - Alol Edmondson Ave.

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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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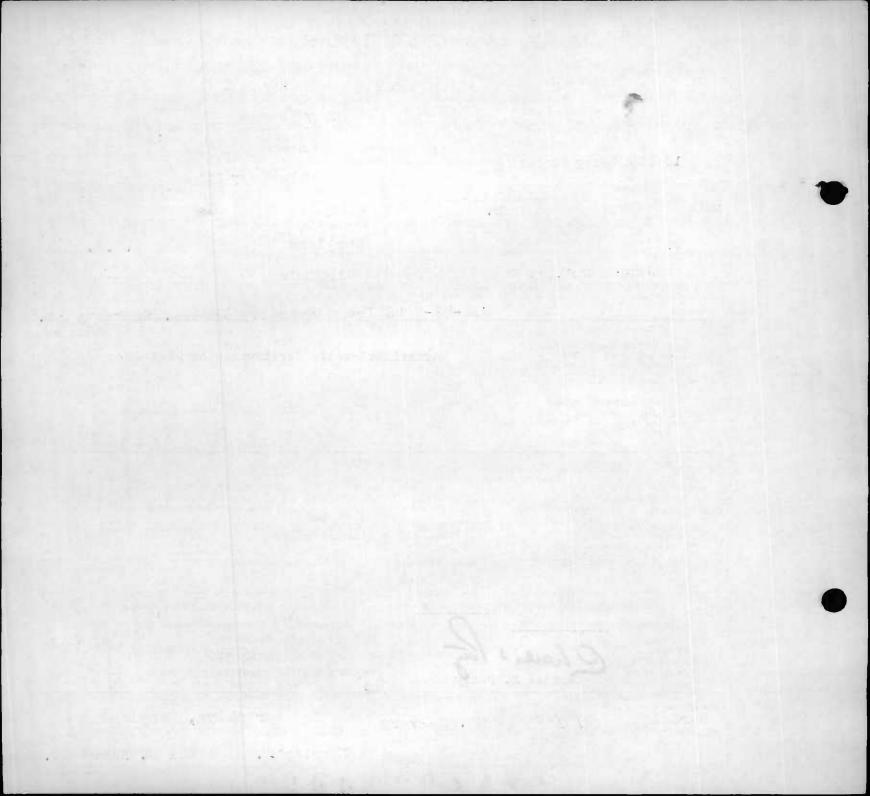
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1.	67	44.
534	BIRTH NO.	JA

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered	O N
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M.	E CASE NO.	MED	O/ (L L/)	., ., .,	2.(
	NAME OF DEC	EASED				2. DATE AN	D HOUR PRONOUNCE	D DEAD	
lly	pe or Print)	JOSEPH		BOARDL	EY	May	5, 1967	1 3	3:00 P
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived, If instit	tutian: residence	e befare admission)
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCAL Mulberry St	(TION)	TION, GIVE STREET	C. CITY OR TO	ryland wn Of outsid ltimore	e carporote limits, write		- 2
	0				163	31 Mulbe	erry Street		
5. !	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years		r. If Under 24 Hrs.
	ale	Negro	M	-	9/15/8		10st birthday		s Hours Min.
dan	e during mast of v	varking life, even if retired)	OB. KIND OF	BUSINESS OR INDUSTR	Maryl	and		U.S.	OUNTRY?
13.	FATHER'S NAM				14. MOTHER'S M	AIDEN NAM	Ē		
		John Board	.еу		Virg	inia			
		D EVER IN U.S. ARM EL		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	18
	,	/ / g	3 41 30111001	215-09-789	Thene	Boandl	077 1671 W	36.72-	G.1
	18. 27 9	3 7		CAUS	OF DEATH	Duarur	eA TOOT M.	INT	ERVAL BETWEEN
CERTIFICATION	(This daes repeated to the control of the control o	SE OR CONDITION DI LEADING TO DEATH not meen the made of asthenia, etc. It means inplication which caused INTECEDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S INTECEDENT CONDITIONS OF CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSE OPERATION 198, CON OPERATION 198, CON	dying e.g., the disease, death.) S INY, GIVING TATING THE CONTRIBUTIN LATED TO T	(B)			ovascular Di		MDERED
	0	WAS PER	FORMED		Ne	0	IN CERTIFYING CAUS	ES OF DEATH	?
MEDICAL	OF INJURY (APPROX.) 22.	OR CONTRIB- SE OF DEATH. (Month) (Day) (Yea	(Hour) 2	VORK L AT V	WHILE 21F, H	d that on th	URY OCCUR? Is basis, death in m Undetermined manne	ny apinian	n/
	ACTUAI SIGNAT EXAMIN NAME (ER'S Type) Char	alles S. I	1	ASSISTANT M	EDICAL E	XAMINER		ATE SIGNED
	MOVAL (Specify Burial	1)	230	C. NAME of CEMETERY			cooklyn, M	town, or count	
24		5/9/ BY HEALTH DEPT.	248, NAME	Mt. Calver		AL DIRECTOR		ADDI	
		28AV 9 106	100	F. E. Falley			. Rice 661		
VS	151-REV. 1/1/	65	1 9	6700	000	15)		



	•	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPOR	TANT		•	E-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	pproved by	the chief medi	cal examiner	or his ass	istant if	death	occurred in a hospital	and
the body was released to the hospital by a medical examiner. Also, it the alrect of contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	any nature:	(2) Body burn	s: (3) A fractu	re of any I	ne alrectind; (4)	Undete	ermined cause; (5) Dece	ased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	(except wh	ere the physic	cian who pro	nounced	Jeath w	as in r	regular attendance on	the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	, and (6) No	physician we	as in regular	attendan	te on th	e dece	ased prior to death.	Such
Written approval must be obtained before the remains are embalmed or final disposition is made.	obtained b	ofore the rem	ine are emba	Imed or fi	nal disp	osition	is made.	0

	67 4452 BALTIMORE CIT	TY HEALTH DEPARTMENT	7 4452
BIRTH N	o. CERTIFICA	ATE OF DEATH Registered No.	4402
M.E. CA 1.NAME (Type for	E OF DECEASED	2. DATE AND HOUR OF DEATH	10:06 4
3. PLAC	E OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where Deceased lived. If institut A, STATE B, COUNTY	ion: residence before odmission)
HOSP	NAME OF (If not in hospital or institution, give street address or location) TUTION	C. CITY OR TOWN (If outside city limits, write RORA	L and give township)
4	and a second	D. STREET ADDRESS (If rurol, give location)	Coll Coll
Sout 5. SEX	16. RACE 17. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years If	Under 1 Yr. , If Under 24 Hrs.
. 11 / / /	WIDOWED, DIVORCED (specify)	1/26/1900 last birthdoy)	onths Doys Hours Min.
	JAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI ing most of working king, even if retired) Adjust Ferry RELITED.	Nonth Carshina	CITIZEN OF WHAT COUNTRY?
13. FATH	Mrs Namel	14. MOTHER'S MAIDEN NAME UN Crown	
	Deceosed Ever in U. S. Armed Forces? or unknown)(If yes, give war or dotes of service) SECURITY NO.		ADDRESS
(Yes, no c	218-10-707	17. INFORMANT PA Elice Ebron 2124	J Cross Sf
18.2	DISEASE OR CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(Thi	LEADING TO DEATH (A) A C (A) DUE TO DUE TO	Textoscherosis candiovasculan	UNICHONN
	ury or complication which caused death.)	0. sems e	· ·
Dis	ANTECEDENT CAUSES (B) DUE TO SEASES OR CONDITIONS, if any, giving		80 0000 00 00 AB AB AB ABA BA BA BA BA BA BA BA BA BA
ıise			
E TO	HER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE CENELORAL V. SEASE OR CONDITION CAUSING IT.	ascular accident, Right, Mild	TyEAR
₩ 19A	DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
O 21A OR DEA	ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	, in or about 21C, WHERE DID office bldg., INJURY OCCUR?	y, give exact location)
21D	TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED Not While At Not W	21 F. HOW DID INJURY OCCUR?	
	Wark At Wo		7 1962.
1 1	t # (we) lost saw the deceased olive on May 7	19 6 7 ond that in (aur) apirion	*
	I hour and from the couses stated above. (I) (We) (did) (did nat)		DATE CICNED
23A. 23C. 24A. BU	Jan S. Hem. M.D. A	Attending Med. Stoff Phys.	5-7-67
23 C.	PHYSICIANS NAME (Type)	23D. ADDRESS	1 /1
24A. BU	dry H. PLEMING	South DaltImore GE	WERA) HOSP
A	Sunal 3/1967 M/ Cul	um Baltinu	re My
25A. DA	ATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FLINERAL DIRECTOR	66/W Bark
VS 150-	REV. 1/1/65	9 4 4 6 0	

120/1900 7 Charlens. troil Crown lin Kon 218 16 1678 Colice Elma 212 11 (11-5) Br. Chyuns Mill Bune Stiger Det line land a houte a Kora Company

4453

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

VS 150-REV. 1/1/65

(Type or Print)

the

and

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? 4.5 ADDRESS ST AGNES HOSPITAL CATON EWILKENS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact tocotion) and that in(my) (aur) apinian death accurred an the date 23B. DATE SIGNED 5-3-67 BALTIMORE MD (City, town, or county) 25C. FUNERAL DIRECTOR

Registered Na.

2. DATE AND HOUR OF DEATH

4453

7:20 A

T:20 A A VIII CHEEL THE -----LEAD VEL Land Series -

White X.

CH CARRYLL AU. DESIGN TOTAL

85 5 5-5-5F 1.35 G. LTJ. S. 1 . G. SUJA & MOTALS

	NO-9- 8498	BALTIMORE CITY	HEALTH DEPARTMENT		OPY A COM
BIRTH		CERTIFICA	TE OF DEATH	Registered Na	67 4455
1. NAA	CASE NO. ME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Туре	or Print) NILS DOR	? JESSON	1	5 -67	12.45M
3. PLA	ACE OF DEATH IN BALTIMORE, MARYLAND	0120 / 11	4. USUAL RESIDENCE (Where	deceased lived. If ins	titutian: residence before admission
X	creal memaria		A. STATE B. COUNTY	1	
	LENAME OF (If not in hospital ar institution address or location)	in, give street	C. CITY OR TOWN (If outside		URAL and give tow(ship)
INS	TITUTION		BAIL ARABE	e city limits, write kt	SKAL one give township)
	27 N. CAREY	QT	D. STREET ADDRESS (If rure	al, give lacation)	, 0.05
	00		27 N.C	ARFU	51;
5. SEX		ED, NEVER MARRIED WED, DIVORCED (specify)		AGE (In years in birthday)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
m		chould	2-1-1901	66	
	SUAL OCCUPATION (Give kind of wark 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done d	uring most of working life, even if retired)		· b · · · ·	14	WHAT COUNTRY
12 EA	THER'S NAME		14. MOTHER'S MAIDEN NAME		
	4			7	
1	Unknown		17 INFORMANT	ew	
5. Wa	s Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no	o or unknown) (If yes, give war or dates of service				
1-		217-16486			
18	420,11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH	(A) C	DRODARY TURO.	m 30515	
	This does not meon the mode of dying, e eart failure, asthenio, etc. It means the disea				
	njury ar camplication which caused death.)	30,			
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, givi	DUE TO			
	se to the obove cause (A) stating I				
U	NDERLYING CONDITION lost.	4000 4 440 4 4 4 4 0 0 0 0 0 0 0 0 0 0			
	11				
NO P	THER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
4 0	O THE DEATH BUT NOT RELATED TO	THE			
U 19	A. DATE OF OPERATION 198. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or Na)	20B. IF YES, WERE FI	NDINGS CONSIDERED
CERTIFIC 13	WAS PERFORMED			IN CERTIFYING CAU	
. 0	R CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, o	n or about 21 C. WHERE DID	(It in Baltimare	City, give exact lacation)
4 DI		etc.)			
O 21	D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUP?	
A 01	FINJURY	While At Not While		, occor:	
(A		Work At Work			11.
22	2. I certify that (I) (this hospital) attende	d the deceased from #	# /7/67 19	5	15/67 10
		///	/	/	15/67 19
th	at (1) (we) last saw the deceased alive a	n	JIYand that	in(my) (aur) apin	ian death accurred an the d
ar	nd haur and fram the causes stated above	. (1) (We) (did) (did nat)	view the bady after death.		
23	A. SIGNATURE	0			23 B. DATE SIGNED
	X/2 May			off	5/5/67
22	C PHYSICIANS	emp. Phy		ly s.	-1-1-10
23	C. PHYSICIAN'S NAME (Type)	-/	23D. ADDRESS		2
	//	NALINE M.D.	ISIA KENNISM	V AV	Daringto In
24A. B	BURIAL CREMATION, 24B, DATE 24C		EMATORY 24D. LOC		, town, or county) (State)
R	REMOVAL (Specify)	Smal Hall	and D.	A.	
	by wright 6,61	in la all	136	elimor	ong or
25A.	TE REC'D BY HEALTH DEPT. 258, NAM	E OF REGISTRAR	250 FUNERAN DIRECTOR	0	ADORESS
	MAY & 1007 A A	By & refaction MA	Aliany on	c (some -	2513 MW 016
10 751	MAY 8 1967 R. 9.	St 2 Stables MA	flither on	c Comme	- 7213 Mar 1913

Nics Burgersen 217 N. CAREY 37 Columbay "William 30315

B	-30	1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	hospause e; (5)	o dec
	ing ci	rior 1
	tribut minec	sed p
	or corndeter	deced
<u>—</u>	rect (4) Ur	the
TAN	the d kind;	nce on
MPOF	his as so, if of any	tendai
FUNERAL DIRECTOR: IMPORTANT	er. Al	lar at
ECTO	xamin kamin A fra	regu
DIR	dical es cal es ns; (3)	ras in
ERAL	ef medined	cian v
FUN	he chi by a (2) Bo	physi
	d by to spita	6) No
	the hand	and
	sed to	eath)
	relea accide	r to d
	y was (1) An	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior
	ie bod lows: (Scease
	上十つ≯	D 3

67 4456	BALTIMORE CITY	HEALTH DEPARTMENT	67 4456
BIRTH NO.	CERTIFICA	TE OF DEATH Regi	stered No.
M.E. CASE NO.		2. DATE AND HOUR	OF DEATH
(Type or Print)		105/00	5/4/ 13
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceas	ed lived. If institution: residence before admis-
		A. STATE B. COUNTY	000
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR address or location)	ve street	mary Land.	a. 4. Co
HOSPITAL OR address or location) INSTITUTION			limits, write RURAL and give township)
1		RURAL - CROW	NSVILLE. 32-0
TURION MEMORIAL HO.	spitc	D. STREET ADDRESS (If rurol, give	e location)
	V	766 Dogwood Road	Arden on the Severn
WIDOWED	DIVORCED (specify)	B. DATE OF BIRTH 9. AGE	In years If Under 1 Yr., If Under 24
Marc White "	Married	15/21/00	66
6A. USUAL OCCUPATION (Give kind of work 108. KIND OF			y) 12. CITIZEN OF
one during most of working life, even if retired)		•	WHAT COUNTRY?
	Construction	Germany.	UBA:
3. FATHER'S NAME		14. MOTHERS MAIDEN NAME	
Frederick, Brd Cons	truction	Fm 1/10	D+6, +f.
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dotes of service)	216-09-8028	Mne Cathanina Pada	766 Dogwood Road
140			
18. / 6 0 / 1	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	A		- 10
LEADING TO DEATH	(A) Oat	Cell Cancer of Lung	c mutaters.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	()	
injury or complication which caused deoth.)		0 1	
ANTECEDENT CAUSES	(B)	**************************************	
DISEASES OR CONDITIONS, if any, giving	000		
rise to the obove couse (A) stating the	(C)	000****0000000000000000000000000000000	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
UNDERLYING CONDITION last.			
7			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 198. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. II	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. 1	0-5 Lung Tumo	r NO	
OR CONTRIBUTION CALLER OF	PLACE OF INJURY (e.g., in	ar obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore City, give exact lacotion)
DEATH (notify medical examiner)			
Q 21D. TIME (Month) (Day) (Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJURY OC	CUR?
	e At Not Whil	e 🖳	
Work		10	111
22. I certify that (this hospital) attended the	e deceased fram	9/8 196	196
that (+) (we) lost sow the deceased alive an	574	19ond that in (m	(our) opinian death accurred an the
and hour and from the couses stated above.	F(We) (did) (did act)	,	
23A. SIGNATURE	, ,, (=.=, (0 .==, 0), (sour end deems	23 B. DATE SIGNED
0111	M.D. Atte	ending Med. Stoff	-1.1
U. D. Pohwartz	Phy	s. Director Phys.	3/4/10.
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1/6/
DAVID S. SCH	WARTZ, M.D.	THE UNION MEN	MORIAL HOSPITAL
4A, BURIAL CREMATION, 24B, DATE 24C, NA	ME of CEMETERY OF CRE		
REMOVAL (Specify)			
Buriall 5-8-1967 Bar	dens of Faith		
SA. DATE RECID AY HEALTH DEPT 258, NAME OF		25C. FUNERAL DIRECTOR	ADDRESS 3
MAY 8 1961 Okolyer 5, 8	- Markey	Lassahn June	ral Home 7+01Balan
'S 150-REV. 1/1/65	8 10 10	4 4 0 6	

1 January from the المالام لـ - 100ما برياد المدي THIGH MEMBERIAL HOSPITE THAC HATTE 1) /21 /00. Austor-in-2 Trederick. Box Oct Cel Concer & say & martister + NA/C) Extent of Every Ola 40/2 Cs 2/4 10/5 D. A. Mohamety

C*	7 AAEE		BALTIMORE CITY	HEALTH DEPARTMEN	Т	67	4457
BIRTH NO. O	7 4457		CERTIFICA	TE OF DEATH	Registered No.		220
1.NAME OF DECEASED (Type or Print)	Eberling, C		ne F.	2. DATI	5 4-67		6:20 P,
3. PLACE OF DEATH IN	BALTIMORE, MARYL	AND		4. USUAL RESIDENCE (A. STATE B. C	Where deceased lived. If in	stitution; resi	dence before odmissiar
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or i address or location)	nstitution, g	rive street	Maryland c. city or town	If autside city limits, write	RURAL ond	give township)
40 St.	Agnes Hosp.			Baltimore D. STREET ADDRESS	(If rurol, give location)		20-0
				1	Collins Ave.		
	ite	Wide		4-18-76	9. AGE (In years last birthday)	If Under Months; D	Yr. If Under 24 Hrs Poys Hours Min.
IOA, USUAL OCCUPATIO		B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZE	N OF COUNTRY?
House Wife	me, even il vented,			Balto. Md.			S. A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
William Hen	ry Tribbe			Mary Buxmei	er		
5. Was Deceased Ever in Yes, na or unknawn) (If ye	u. S. Armed Forces	? f service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Balto. Md.	A	DDRESS
No			213-54-0336	Miss. France	s Eberling 121	S. Col	lins Ave.
18. 4.001	/ 1		CAUSE O		9 -2-	IN	TERVAL BETWEEN
DISEASE OR	CONDITION DIREC	TLY		1 1	\sim 0	0	NSET AND DEATH
LEAD	ING TO DEATH		(A)	ander leve	a Abock		
(This does not me	an the mode of dy	ing, e.g.,	DUE TO				
	nia, etc. Il meons the on which caused de		/	on to	1.1 T 1		
ANTEC	EDENT CAUSES		(B)	coul my	orandial July	utin	
	ONDITIONS, if any	aivina	DUE TO	1	· / / .		
	ve couse (A) st		(C) {	4SCVI)			
UNDERLYING COM	NDITION last.						a mm a a a a a a a a a a a a a a a a a
	T CONDITIONS CON						
		ON FOR W	VHICH OPERATION	20A. AUTOPSY? (Yes	. N. V 200 IF VEC WERE	FINIDINGS 6	OHODERD
19A. DATE OF OPER	WAS PERFOR		VAICH OPERATION	NO	IN CERTIFYING CA	USES OF DE	ATH?
OR CONTRIBUTING	CAUSE OF	218, hometc.)	PLACE OF INJURY (e.g., in e, form, loctory, street, of	ar about 21C. WHERE DI	D (II in Boltimore	e City, give	exoct locotion)
O 21D. TIME (Mont	h) (Doy) (Yeor) (I	Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?		
OF INJURY		Whi	le At Not While	e 🖳			
20 1 1	D (1) D			" / / / / /		. 17	(7
	1) (this hospital) o				19 to 5		- 67 19
thot (I) (we) lost :	sow the deceased o	olive on	5-4-6	on	d that in (my) (our) api	nion deoth	occurred on the do
and hour and from	the courses stated	obove. (1)) (We) (dld) (did not) v	iew the body ofter dec	oth.		
23 A. SIGNATURE	MAI Ini	1				23 B. DATE	SIGNED
	11111111111		M.D. Atte	mding Med. Director	Stoff Phys.	5-	4-61
23C. PHYSICIAN'S NAME (Type)	1/1000			23D. ADDRESS			(
NAME (Type)	F. UI	110:2	9 M.D.				
24A. BURIAL CREMATIO	N, 24B, DATE	24C. NA	ME of CEMETERY as CRE	MATORY 24	D. LOCATION (Ci	ly, town, or	county) (Stole)
REMOVAL (Specify)				- 100		., iowii, or	(3101e)
Burial	May 8,196		ew Cathedral Co		X Balto. Md.		
MAY 8	1967 R.C.	B. NAME O	F REGISTRAR TOLLEUMA	G. Tauman S	chwab 3512 Fred	lerick	Ave. Balto.M
VS 150-REV. 1/1/65		7		4 7 0 1	7.		22.04 2000 00 110



VS 150-REV. 1/1/65

Such

a hospital and

67 4458	BALTIMORE CITY	HEALTH DEPARTMENT	6	7 1150
BIRTH NO. 67 4458	CERTIFICA	TE OF DEATH	Registered No.	4408
M.E. CASE NO. 1. NAME OF DECEASED			ID HOUR OF DEATH	
(Type or Print) Thomas Tress	100	5	4-1967	11: 30 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	,] =].	4. USUAL RESIDENCE (When A. STATE B. COUN	re deceosed lived. If instit	ution: residence before admission)
FULL NAME OF (If not in hospital or institution, give	street	Marylai	yd.	25
INSTITUTION		Baltim	of E	1230.
South Baltimore GENEVA	1 Haco	D. STREET ADDRESS (III	rural, give location) N N i N a + 1	V. AVE.
5. SEX 6. RACE 7. MARRIED, NI		8. DATE OF BIRTH	9. AGE (In Gears	If Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours Min.
M. White Div.	DIVORCED (specify)	9-9-1904	62	
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF 80 done during most of working life, even if retired)	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	hman.		Pa.	USa
13. FATHERS NAME	-11 11/10014	14. MOTHERS MAIDEN NA	ME	
Corbin. Kirby To	ess har	Berth	2 Boy BI	2
	SECURITY NO.	17. INFORMANT		ADDRESS
	78-05-6310	TBM./Y		Same
18. 4 9 / X 1 /	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1		
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) T	neumour	Left Lung	6 days
hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DOE 10	neumonic aspiration alcoholism		
ANTECEDENT CAUSES	(B)	alcoholism		5 Jeans
DISEASES OR CONDITIONS, if ony, giving	DUE TO			
rise to the above couse (A) sloting the UNDERLYING CONDITION lost.	IC)			
AL AL		6 1:	1.1.1	T P Manual
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			erodecheli	C 12 36500
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	haema	ugioma of	kidney	
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED 4	ICH OPERATION	20A. AUTOPSY? (Yes of No	208. IF YES, WERE FIN	
IN THE STATE OF TH		705		905
OR CONTRIBUTING CAUSE OF home,	form, foctory, street, of	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimore C	lity, give exact location)
0				1
U OF INJURY	IJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.) While Work	At Work			
22. I certify that 本 (this hospital) attended the		4-29	1967 10 130	pr. 5 - 4 19 67.
that (#) (we) lost saw the deceased alive on	,		natin (en.) (our) apinio	in death occurred on the date
and hour and fram the causes stated obave. (1) (We) (did) (did not) v	iew the body after deoth.	Ta-	B. DATE SIGNED
Regat Bloary	M.D. Atte	nding Med.	Stoff Phys.	5-5-67
22C BHYCACAAAPC	1	3D. ADDRESS		
NAME (Type) Right Ab	ousy M.D.	1212 1:061	- 57	
24A. BURIAL CREMATION, 248. DATE 24C. NAM	E of CEMETERY OF CRE	MATORY / 24D. L	OCATION (City,	town, or county)
REMOVAL ISpecify) Russes 0 5-8-67 0	DoFellows (seneter Sh	amaka Para	
25A. DATE PEC'D BY HEALTH DEPT 258 NAME OF	REGISTRAS	25C. FUNERAL DIRECTO	emorin, lenn	ADDRESS
MAY 8 1961 Oplan 2. J	INKUPAR.	John N. Hehn.	-4200 Penningi	a ADDRESS ADDRESS Selto 26

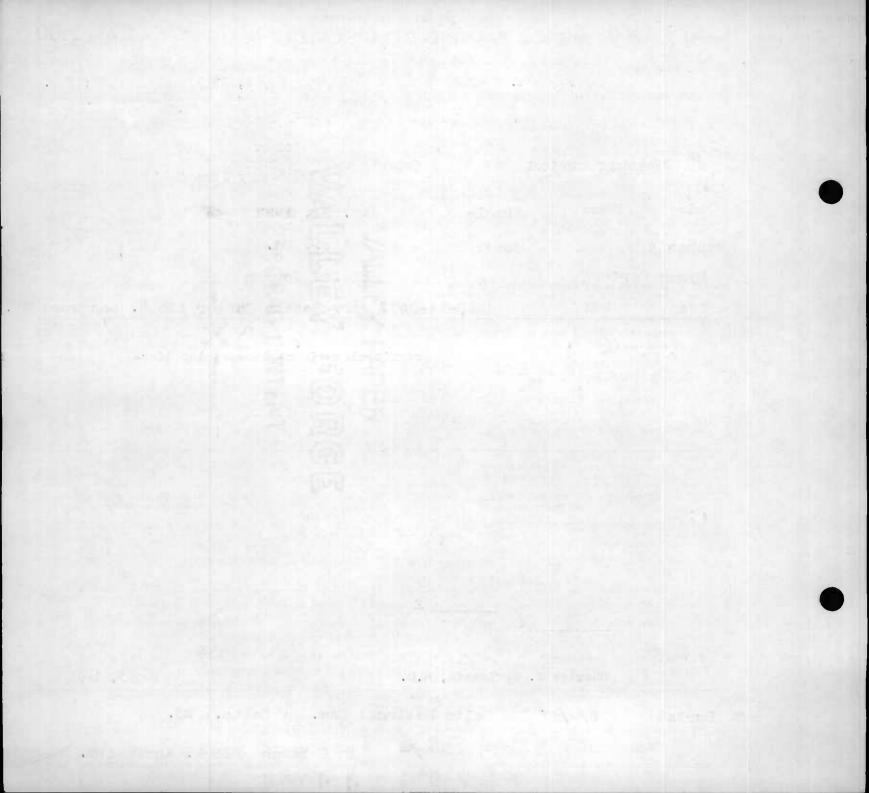
BALTIMORE CITY HEALTH DEPARTMENT

Describe Horn Elder I Feni G. Fanger sin James Grang 13 of 10 Horai 1. 1. 1. 1.1 200 October 19 start - Low !!

VS 151-REV. 1/1/65

	NAME OF DECEASED be or Print)	JAMES	S A. CARTER		May	5, 1967		12:0
3. F	LACE IN BALTIMORE,	MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL R	ESIDENCE (Where	deceosed lived. If institu	ution: resi	idence befare
FU I HO INS	L NAME OF (IF N SPITAL OR ADI TITUTION	NOT IN HOSPITAL DRESS OR LOCATION	OR INSTITUTION, GIVE STREET ON)	C. CITY OR	Maryland	d le corporate limits, write	RURAL	and give town
-	1			D STREET A	Baltimo:		4	and the second
1	99 Provide	nt Hospita	al ()	DOA)		her Street		
5. S	6. RACE		MARRIED, NEVER MARRIED	B. DATE OF		9. AGE (In years lost birthdoy)	If Unde Months	r 1 Yr, If Un Doys : Hou
		egro	Single	Jan.	31, 1922			
	USUAL OCCUPATION during most of working lif		B. KIND OF BUSINESS OR IND		CE (Stote or foreig	gn country)	12. CITIZ	EN OF AT COUNTRY
Me	Chanic ATHERS NAME		Gov't	Balt 14. MOTHER	MAIDEN NAM	E	ļ	
	Lymon Cart	er			se Jordo			
	WAS DECEASED EVER	IN U.S. ARMED F		17. INFORMA	NT OT GE	311	ADDRES	S
	Yes	WWII	218-14-8	3577 Mrs.	Rosena	Carter 535	5 N.	Longy
	1B. 4222	1.	С	AUSE OF DEATH				INTERVAL
	DISEASE OR C	ONDITION DIRE	CTLY					ONSET AN
	LEADII	NG TO DEATH	(A) Ar	teriosclero	otic card:	iovascular di	iseas	e
	(This does not mean heart foilure, osthenic	n the mode of do, etc. It means th	ying, e.g., DUE TO					
	injury or complication	which coused dec	oth.)					
		DENT CAUSES	(R)				6.0	
	DISEASES OR CON	IDITIONS, IF ANY						
7		DITIONS, IF ANY	TING THE					
NOI	DISEASES OR CON	NDITIONS, IF ANY E CAUSE (A) STA NDITION LAST.						
CATION	DISEASES OR CON RISE TO THE ABOVI UNDERLYING CON	NDITIONS, IF ANY E CAUSE (A) STA NDITION LAST. II T CONDITIONS CO	TING THE (C)					
FICA	DISEASES OR CON MISE TO THE ABOVI UNDERLYING CON OTHER SIGNIFICAN' TO THE DEATH	E CAUSE (A) STATE OF THE CAUSE (A) STATE OF THE CAUSE (A) STATE OF THE CAUSE OF THE	ONTRIBUTING					
ERTIFICA	DISEASES OR CON	NDITIONS, IF ANY E CAUSE (A) STA' NDITION LAST. II T CONDITIONS CO BUT NOT RELA ITION CAUSING I' TION [198. CONDI	ONTRIBUTING TED TO THE T. TION FOR WHICH OPERATION		DPSY? (Yes or No)	208. IF YES, WERE FIN		
L CERTIFICA	OTHER SIGNIFICANTO THE DEATH DISEASE OR CONDITION OF THE DISEASE OR CONDITION OF THE DEATH DISEASE OR CONDITION OF THE DISEASE OR CONDITION OR CONDITION OF THE DISEASE OR CONDITION OF THE DISEASE OR CONDITION OR CON	NDITIONS, IF ANY E CAUSE (A) STA' HOLTION LAST. II T CONDITIONS CO BUT NOT RELA HITON CAUSING I' TON 19B. CONDI WAS PERFO	ONTRIBUTING TED TO THE T. TION FOR WHICH OPERATION		DPSY? (Yes or No)	208, IF YES, WERE FINI IN CERTIFYING CAUSE		
AL CERTIFICA	OTHER SIGNIFICAN TO THE DEATH DISEASE OR CON RISE TO THE ABOVI UNDERLYING CON OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONDI 19A, DATE OF OPERAT 21A, EXTERNAL CAUSI	IL TONDITIONS OF ANY CONDITION LAST. IL T CONDITIONS CO BUT NOT RELA ITION CAUSING ITON LAST. ITON 19B. CONDI WAS PERFO	ONTRIBUTING TED TO THE T. TION FOR WHICH OPERATION RMED 218. PLACE OF INJURY	20A. AUTC	No c. where did	IN CERTIFYING CAUSE	S OF DI	EATH?
EDICAL CERTIFICA	OTHER SIGNIFICANTO THE DEATH DISEASE OR CONDITION OF THE DISEASE OR CONDITION OF THE DEATH DISEASE OR CONDITION OF THE DISEASE OR CONDITION OR CONDITION OF THE DISEASE OR CONDITION OF THE DISEASE OR CONDITION OR CON	NDITIONS, IF ANY E CAUSE (A) STA' NDITION LAST. II T CONDITIONS CO BUT NOT RELA ITION CAUSING I' TON 19B. CONDI WAS PERFO E WAS NTRIB-	ONTRIBUTING TED TO THE T. TION FOR WHICH OPERATION	20A. AUTC	No c. where did	IN CERTIFYING CAUSE	S OF DI	EATH?
CAL CERTIFICA	OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONDITION OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONDITION 19A, DATE OF OPERAT UNDERLYING OR COI UTING CAUSE OF D	NDITIONS, IF ANY E CAUSE (A) STA' NDITION LAST. II T CONDITIONS CO BUT NOT RELA ITION CAUSING I' TON 19B. CONDI WAS PERFO E WAS NTRIB-	ONTRIBUTING TED TO THE TON FOR WHICH OPERATION RMED 21B. PLACE OF INJURY home, form, foctory, st	(e.g., in or obout 21) reet, affice bldg., IN.	No c. where did	IN CERTIFYING CAUSE (If in Boltimore City, give	S OF DI	EATH?
EDICAL CERTIFICA	OTHER SIGNIFICANTO THE ABOVI OTHER SIGNIFICANTO THE DEATH DISEASE OR CONDITION 19A. DATE OF OPERATE 21A. EXTERNAL CAUSI UNDERLYING OR COI UTING CAUSE OF D	II I CONDITIONS, IF ANY E CAUSE (A) STA' NDITION LAST. II I CONDITIONS CO BUT NOT RELA ITION CAUSING I' ITION 19B. CONDI WAS PERFO E WAS NTRIB- DEATH.	ONTRIBUTING TED TO THE T. TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY home, form, foctory, sh etc.) (Hour) 21E. INJURY OCCUI	(e.g., in or obout 21 reel, affice bldg., IN.)	NO C. WHERE DID IURY OCCUR?	IN CERTIFYING CAUSE (If in Boltimore City, give	S OF DI	EATH?
EDICAL CERTIFICA	OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONDI OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONDI 19A. DATE OF OPERAT 21A. EXTERNAL CAUSI UNDERLYING OR COI UTING CAUSE OF D 21D TIME (Month) (APPROX.)	NDITIONS, IF ANY E CAUSE (A) STA' NDITION LAST. II T CONDITIONS CO BUT NOT RELA ITION CAUSING I' TION 19B. CONDI WAS PERFO E WAS NTRIB- EATH. (Doy) (Yeor)	ONTRIBUTING TED TO THE T. TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY home, form, foctory, sh etc.) (Hour) 21E. INJURY OCCUI	(e.g., in or obout 21 reet, affice bldg., IN.) RRED 21 NOT WHILE AT WORK	NO C, WHERE DID LURY OCCUR? F. HOW DID INJU	IN CERTIFYING CAUSE (If in Boltimore City, give	e exoct I	eath?
EDICAL CERTIFICA	OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONDI OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONDI 19A. DATE OF OPERAT 21A. EXTERNAL CAUSI UNDERLYING OR COI UTING CAUSE OF D 21D TIME (Month) (APPROX.)	NDITIONS, IF ANY E CAUSE (A) STA' NDITION LAST. II T CONDITIONS CO BUT NOT RELA ITION CAUSING I' TION 19B. CONDI WAS PERFO E WAS NTRIB- EATH. (Doy) (Yeor)	ONTRIBUTING TED TO THE T. TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY home, form, foctory, sh etc.) (Hour) 21E. INJURY OCCUI m. WHILE AT uiry InspectionX	(e.g., in or obout 21 reet, affice bldg., IN.) RRED 21 NOT WHILE AT WORK Autapsy	NO C, WHERE DID LURY OCCUR? F. HOW DID INJU	IN CERTIFYING CAUSE (If in Boltimore City, give	e exoct I	eath?
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EDICAL CERTIFICA	OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONDI OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONDI 19A. DATE OF OPERAT UNDERLYING OR COI UTING CAUSE OF D 21D TIME (Month) (APPROX.) 22. I certify that	NDITIONS, IF ANY E CAUSE (A) STA' NDITION LAST. II T CONDITIONS CO BUT NOT RELA LITION CAUSING I' TION 19B. CONDI WAS PERFO E WAS NTRIB- DEATH. (Doy) (Yeor)	ONTRIBUTING TED TO THE T. TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY home, form, foctory, sh etc.) (Hour) 21E. INJURY OCCUI m. WHILE AT uiry InspectionX	(e.g., in or obout 21) reet, affice bldg., IN. RRED 21f NOT WHILE AT WORK Autapsy Usicide Har	NO C. WHERE DID IURY OCCUR? F. HOW DID INJU and that an thi	IN CERTIFYING CAUSE Off in Boltimore City, give JRY OCCUR? is basis, death in my Jundetermined manner (AMINER	e exoct l	eath?
EDICAL CERTIFICA	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A. DATE OF OPERAT 21A. EXTERNAL CAUSI UNDERLYING OR COI UTING CAUSE OF D 21D TIME (Month) (APPROX.) 22. I certify that resulted from ACTUAL SIGNATURE EXAMINER'S	III T CONDITIONS CO BUT NOT RELA ITION CAUSING I'I TON 19B. CONDI WAS PERFO E WAS NTRIB-DEATH. (Doy) (Yeor)	ONTRIBUTING TED TO THE T. TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY home, form, foctory, sh etc.) (Hour) 21E. INJURY OCCUI m. WHILE AT WORK uiry Inspection X es X Accident S	(e.g., in or obout 21: reet, affice bldg., INJ RRED 21: NOT WHILE AT WORK Autapsy Ucicide Har	NO C. WHERE DID IURY OCCUR? F. HOW DID INJU and that an thi micide \[\begin{array}{c} \text{U} \\ \text{DID} \end{array}	IN CERTIFYING CAUSE Off in Boltimore City, give JRY OCCUR? is basis, death in my Jundetermined manner (AMINER (AMINER)	e exoct I	n DATE S
MEDICAL CERTIFICA	DISEASES OR CON RISE TO THE ABOVI UNDERLYING CON OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONDITION OF THE DEATH DISEASE OR CONDITION OF THE DEATH DISEASE OR CONDITION OF THE DEATH DISEASE OF DISEAS	II T CONDITIONS CO BUT NOT RELA ITION CAUSING IT ITON CAUSING IT ITON (PS. CONDITION) WAS PERFO E WAS NTRIB- MEATH. (Doy) (Yeor) T I held an Inquir. Natural causing it Incomplete the complete the condition in the condition	ONTRIBUTING TED TO THE T. TON FOR WHICH OPERATION RMED 21B. PLACE OF INJURY home, form, foctory, sh etc.) (Hour) 21E. INJURY OCCUI m. WHILE AT WORK uiry Inspection S S. Springate, M.I	(e.g., in or obout 21 reet, affice bldg., IN.) RRED 21 IN. NOT WHILE AT WORK Autapsy Uicide Har CHIEL M.D. ASSISTAN D. ASSOCIAT	NO C, WHERE DID JURY OCCUR? F. HOW DID INJU and that an thi micide F MEDICAL EX T MEDICAL EX E MEDICAL EX	IN CERTIFYING CAUSE (If in Boltimore City, give JRY OCCUR? is basis, death in my JINDER (AMINER (AMINER) XAMINER (AMINER)	e exoct I	n DATE S
MEDICAL CERTIFICA	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A. DATE OF OPERAT 21A. EXTERNAL CAUSI UNDERLYING OR COI UTING CAUSE OF D 21D TIME (Month) (APPROX.) 22. I certify that resulted from ACTUAL SIGNATURE EXAMINER'S	II T CONDITIONS COUNTY BUT NOT RELA HIDTON CAUSING IT HIDTON CAUSING IT HIDN CAUSING IT HIDN CAUSING IT HIDN (PB. CONDITION WAS PERFO E WAS NTRIB- HEATH. (Doy) (Yeor) T I held an Inquir. Natural causing It Natural causing It Charles S	ONTRIBUTING TED TO THE T. TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY home, form, foctory, sh etc.) (Hour) 21E. INJURY OCCUI m. WHILE AT WORK uiry Inspection X es X Accident S	(e.g., in or obout 21: reel, affice bldg., IN. RRED 21: NOT WHILE AT WORK Autapsy Unicide Har CHIE! M.D. ASSISTAN D. ASSOCIAT	NO C, WHERE DID LURY OCCUR? F. HOW DID INJU and that an thi micide F MEDICAL EX F MEDICAL EX E MEDICAL EX	IN CERTIFYING CAUSE (If in Boltimore City, give JRY OCCUR? is basis, death in my JINDER (AMINER (AMINER) XAMINER (AMINER)	e exoct I	DATE SI

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	67 4461	BALTIMORE CITY	HEALTH DEPARTMENT		67 4461
	BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	- 40 4
	1. NAME OF DECEASED	0	2. DATE AND	HOUR OF DEATH	~ 25
	(Type or Print) EVELUN SEE	GER BOU		7/67	5 A M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceosed lived. If ins	titution: residence before odmission)
	FULL NAME OF (If not in hospital or instituti	ion, give street	MARYAND	BAltin	more ()
	HOSPITAL OR oddress or location) JNSTITUTION	give shoet		ide city limits, write R	URAL ond give township)
	444 1	1/ 1	100500		53-00
	Upion Memikial	Hispital		rol, give location)	01
6	Uplian Tiller	1111	204 E.	Joppa	Kd #04
maae.		NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
- 1	Female White M	11 A Leried	11-11-63	65	
15	tOA, USUAL OCCUPATION (Give kind of work 10 B, KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
disposition	1+4-		Pennsylu.	twin.	Daix-d States
25	13. FATHERS NAME		14. MOTHER'S MAIDEN NAM		10,01,120.
Spo	Henry C. Can	501	5.1	7:00	/
0	15. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	رورارا	ADDRESS
5	(Yes, no or unknown (If yes, give wor or dotes of serving	ce) SECURITY NO.	A 110	100	ADDRESS
Bull	110	None	MARK Doyd	JP-JAM	C
0	18. 331X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATM
D	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1. 11/ac 1	na Accida	1 248/
almed	(This does not mean the mode of dying,	e.g., DUE TO	Renand VASCUT	AN TICCIDA	1 60 /
0	heart failure, asthenia, etc. It means the diser				1000
Ε	ANTECEDENT CAUSES	(B)			
0	DISEASES OR CONDITIONS, if any, give	DUE TO			
0	rise to the above cause (A) stoling				
ns.	UNDERLYING CONDITION lost.				
the remains					
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
96	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION F.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE F	INDINGS CONSIDERED
-	19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED		No	IN CERTIFYING CAL	
brained betore	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
Jet	◀ DEATH (notify medical examiner)	home, form, foctory, street, o	mice bldg., INJURY OCCUR?		
0	O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	S OF INJURY (APPROX.)	While At Not Whil	e 🗆		
0		Work At Work	/		2/3 /2
0	22. I certify that (#) (this hospital) attended	~/~		67 ta	ion death accurred on the date
0	that (we) last sow the deceased alive			t in (m ry) (our) apin	ion death accurred on the date
121	and have and from the causes stated above	(We) (did) (did not)	lew the bady ofter death.		
approval must	23A. SIGNATURE	M.D. Atte	ending Med.	Stoff D	23B. DATE SIGNED
5	John h Vage	Phy	s. Director 1	hy s.	5/7/67
0	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		/ /
d	DR JOHN R VAUGAN J	R M.D.	THE UNION MEI	MORIAL HO	SPITAL
	24A. BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specify)	C. NAME of CEMETERY of CR	MATORY 24D. LO	CATION (Cit	y, town, or county) (State)
9	BURIAL 5-10-67	LORRAIND L	metery	ALTIMOR	e Md
Written		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	0	ADDRESS
}	MAY 8 1967 A 0	1 1 0 To 1	Ellsworth A	+RMACOST	- 4611 LIB HEATS
	VS 150-REV. 1/1/65	35/2/2000	1 1 6 0		

Vivior Memorial Hargales 204 E Joppa Rd Founds White places of 11-11-03 65 Promoplemia Wated States Enily Eigeles Honey C. Soogen And the William Credical View Ing Heridas ? 48 P.

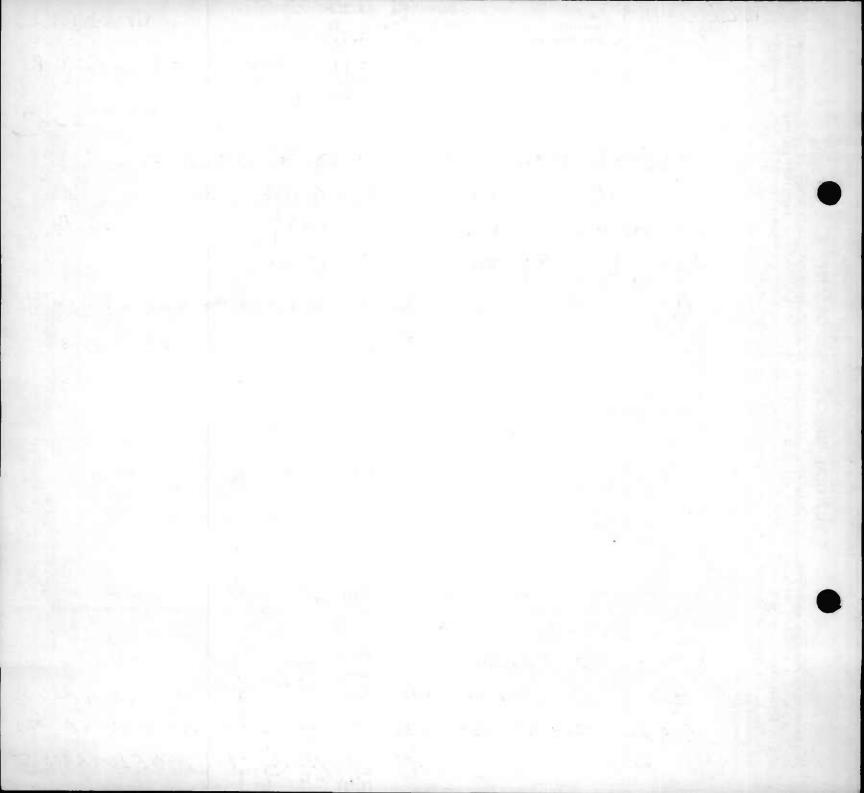
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

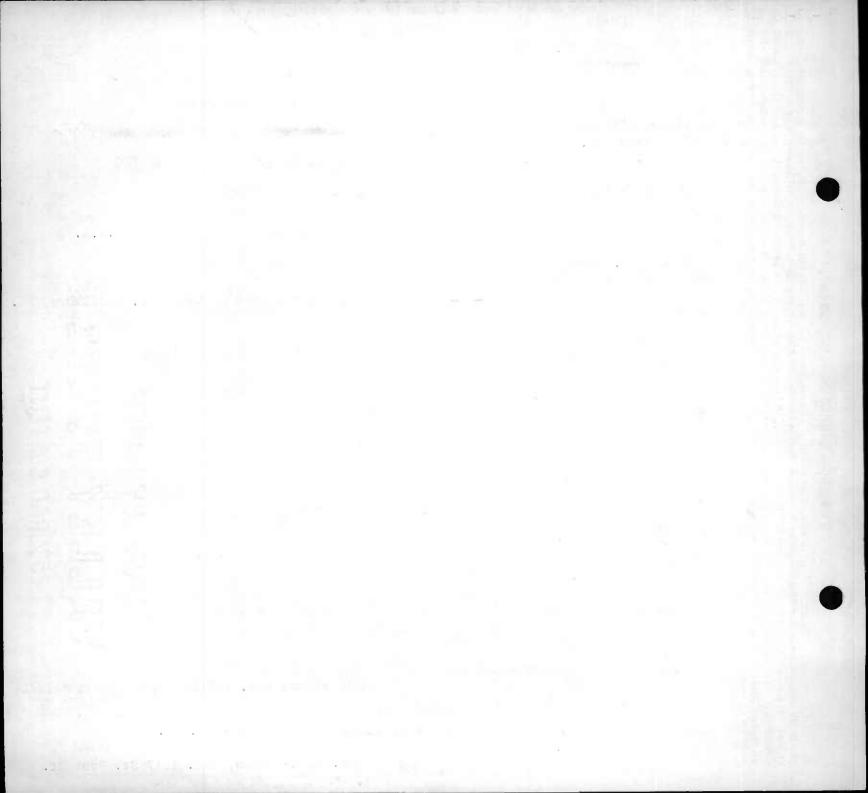
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VS 150-REV. 1/1/65



39-31-09 ED

1	-615	BALTIMORE CITY	HEALTH DEPARTMENT	67 4464				
	BIRTH NO67 4464	CERTIFICA	TE OF DEATH Registered No.	07 4404				
	VILE CASE NO. I. NAME OF DECEASED ERVIN, LORENA Type or Print) 2. DATE AND HOUR OF DEATH Type or Print)							
	3. PLACE OF DEATH IN BALTIMORE, MA	KYLAND	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)					
	FULL NAME OF (If not in hospital	or institution, give street	Maryland Baltimore	•				
	HOSPITAL OR oddiess or locotion INSTITUTION Baltimore City Mospita	3 -	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
	4940 Eastern Ave.	ils	D. STREET ADDRESS (If rurel, give locotion)					
	Baltimore, Maryland #	21224	119 Edgewater Apts 21221 005					
	S. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.					
	Female White	Widowed (specify)	9-12-90 lost birthday) 76	Months Doys Hours Min.				
	toA. USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
			Pennsylvania	U.S.A.				
	13. FATHER'S NAME		14. MOTHERS MAIDEN NAME					
	William R. Gorley		Rhoda Turner					
	15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give war or date	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
	No	234-01-2962D	BCH: Records 4940 Eastern	Ave. Baltimore, Md.				
	18. 4 22, 11		F DEATH	INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIR	RECTLY	I a a a staria 1. to	94/				
		(This does not mean the mode of dying, e.g., DUE TO						
		heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES 18 NASCULAR DIAGON							
	DISEASES OR CONDITIONS, if any, giving							
	rise to the obove couse (A) stating the UNDERLYING CONDITION tast.							
	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PAREMENTALIZE PLANT DISEASE							
	DISEASE OR CONDITION CAUSING IT. 2 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IY es or No. 20B. IF YES, WERE FINDINGS CONSIDERED							
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
	U 21 A. ACCIDENT WAS UNDERLYING CAUSE OF	21B PLACE OF INJURY (e.g., i home, form, factary, street, o etc.)	n ar obout 21°C. WHERE DID (If in Boltimo INJURY OCCUR?	re City, give exact location)				
	U The state of the							
	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	While At 🖂 Not Whi	le					
		Work At Work	133					
	22. I certify that (I) (this haspital) attended the deceased from May 3 19 6.7 to May 4 19 6.2,							
	that (1) (we) last saw the deceased alive an							
	and haur and from the causes stated abave. (1) (We) (did) (Aid) view the bady after death. 23A. SIGNATURE							
١	Man All M.D. Attending Med. Stoff							
	23C. PHYSICIANS [23D. ADDRESS							
	NAME (1/6e) M.D. Hysicians 4940 Eastern Ave. Baltimore, Maryland #21224							
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or coupy) (State)							
	Burial 5/8/67	Arborvale Cer						
	25A. DATE REC'D BY HEALTH DEPT.							
	MAY 8 19671	P. A. ST. Fallens	Wm. Cook-Brooks, Inc.	1217 St. Paul St.				
	VS 150-REV, 1/1/65		7 1 7 9					



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VS 150-REV. 1/1/65

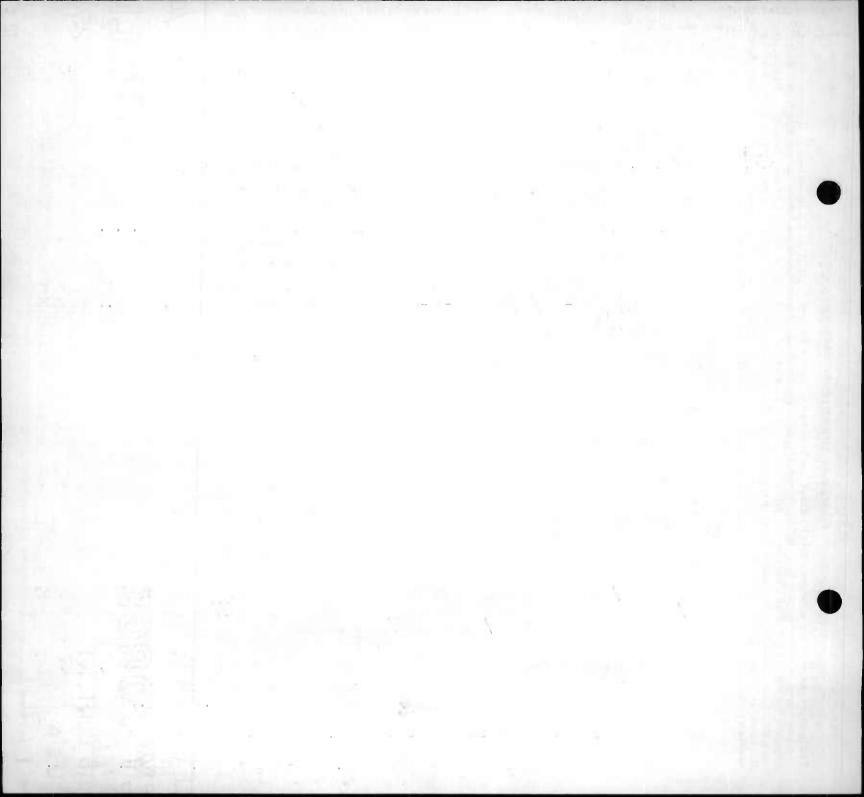
William Committee MARLY SAM To the file of the same E YOU A YELD X MALLYN & LOWER

BIRTH NO. 67	4466		HEALTH DEPARTMENT	Registered No	67 4466	
M.E. CASE NO.	2.300	CERTIFICA	TE OF DEATH	AND HOUR OF DEAT		
(Type or Print)	Evelyn Ear	p Parlett		5-5-67	1.15-19	
	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admissing A. STATE B. COUNTY Md. Baltimore			
FULL NAME OF (If not in hospitol or institution, give street address or (ocotion) INSTITUTION Green Nursing Home Melrose Ave.			C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location)			
						210 Roger Forge Rd. 21212
				nuc. Wico	HED, NEVER MARRIED WED, DIVORCED (specify) dowed	1-20-1907
done during most al working		OF BUSINESS OR INDUSTRY	Baatimore,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
Teacher			14. MOTHER'S MAIDEN N	IAME		
Hammer Ch	1					
5. Was Deceased Ever in	elton Earp U. S. Armed Forces? give wor or dotes of service	1 6. SOCIAL	Maude Rich	ardson	ADDRESS	
No.	, give wor or doles or service	SECURITY NO.	U Choltan		ose Ave.	
18.	7.	30	F DEATH	Earp, Baltin	nore, Md. 21212	
00/	/			n. (ONSET AND DEATH	
	CONDITION DIRECTLY NG TO DEATH		Cirkois	tines (for	7/1000	
	n the mode of dying,	e.g., DUE TO	CVV CVV SCO	popol su	unia) + years	
heart failure, astheri	a, etc. 11 means the disec					
	n which caused death.)					
ANTEC	EDENT CAUSES	DUE TO			**************************************	
DISEASES OR CONDITIONS, if any, giving						
rise to the obov	rise to the obove cause (A) stating the (C)					
ONDERLING CON	UNDERLYING CONDITION last.					
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDI	CONDITIONS CONTRIBU	TING THE				
19A. DATE OF OPERA	TION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
	WAS PERFORMED		mo	IN CERTIFYING C	AUSES OF DEATH?	
OR CONTRIBUTING DEATH (notify medico	CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, cetc.)	n or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact (acotion)	
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
OF INJURY		While At Not Whi	ie 🦳			
		WIGHT AT WORK				
22. I certify that (I) (this hospital) attende	ed the deceased fram		1954 to M	1ay 5 196	
that (1) (was) last s	aw the deceased alive o	on may 5	19.67 and	that in (my) (per) a	pilan death accurred an the d	
		()				
23A. SIGNATURE	and haur and fram the causes stated abave. (1) ((did nat) view the bady after death. 23A. SIGNATURE					
1	0. 061.	DOM. M.D. AH	ending = Med =	Stoff .	236. DATE SIGNED	
Meure	and Eduar	e day M.D. Phy	ending Med. Director	Phy s.	May 7, 1967	
23C. PHYSICIAN'S NAME (Type)	Newland Edwar	d Dav	23D. ADDRESS	.0(7 2	it and	
AA PIIRIAI CREAAATIOI		M.D.	4-8-33	3, 13	accessive ma.	
24A. BURIAL CREMATION REMOVAL (Specify)	4, 240. DATE 240	NAME OF CEMETERY OF CR	EMATORY 24D	LOCATION	City, town, or county) (State	
Burial	5-8-67	Lorraine Par	rk	Woodlawn	Balto, Md.	
SA. DATE REC'D BY HE	ALTH DEPT. 258, NAA	AE OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS	
2 VARA	1987 100	A E FarberAN	L7m C			
VS 150-REV. 1/1/65	1301 (16)	1 2 1000	WILL COOK-E	rooks Towson	n, Towson, Md. 212	
73 130-RE 7. 1/1/03	7	0 1 11	1 6 6 7 6			

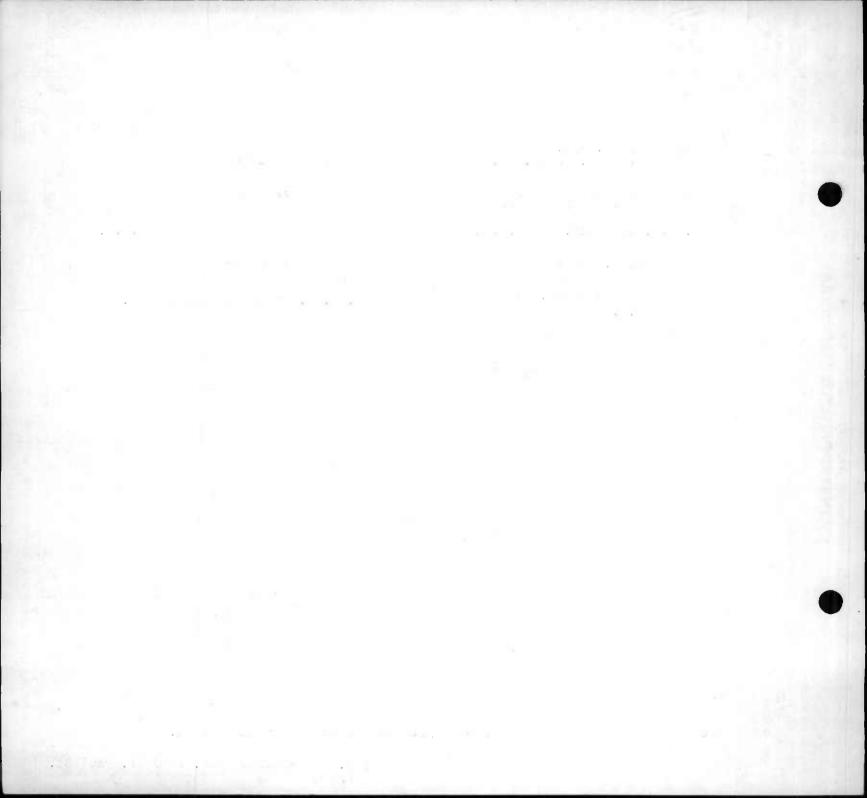
Cerrhone Sonor Gramme 3 years of show us J. Greek Meritani Edward Eag Sec. L. Leville 4-8 33-6 87 Bellow Mil

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

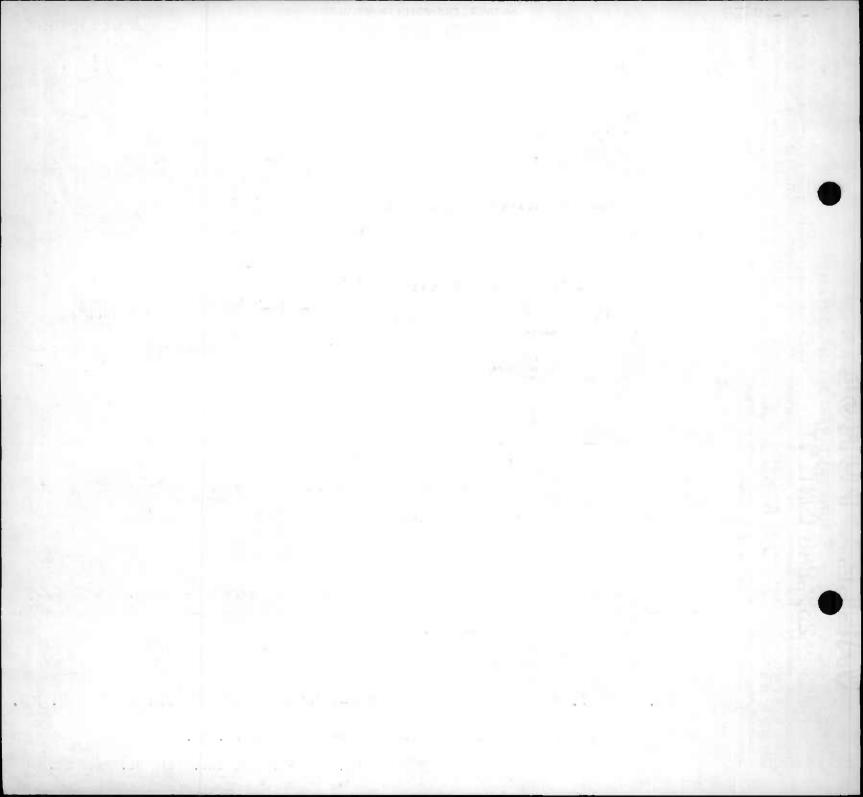
	67 446	}~)	BALTIMORE CITY	HEALTH DEPARTME	INT	CM AAOM
BIRTH NO.	07 440	1	CERTIFICA	TE OF DEAT	TH Registered No	67 4467
M.E. CASE NO.	CEASED			2. D/	ATE AND HOUR OF DEAT	Н
(Type or Print)	VIAR, JOSEPH	EDWARD			MAY 4, 1967	9.30 PA
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND			E (Where deceased lived, If	institution: residence before admission
FULL NAME O	FILLI NAME OF A STATE AND		Maryland	COUNTY		
HOSPITAL OR	HOSPITAL OR oddress or location)			C. CITY OR TOWN (If outside city limits, write RURAL and give towaship)		
Veterans Administration Hospital			Baltimore 14-01			
3900 Loch Raven Boulevard			D. STREET ADDRESS (If rurol, give location)			
Baltimore, Maryland 21218			1839 Bolton Street			
- SEX			B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs			
Male	White	Mari		1/25/91	76	Months Doys Hours Min.
	UPATION (Give kind of work working life, even it retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	rmiller	Pape	ermill	Grottoes,	Virginia	U.S.A.
3. FATHER'S NA	FATHER'S NAME			14. MOTHERS MAID	EN NAME	
Jame	es Viar			Sally Rounds		
5. Was Deceases	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	dminiatmation	Hospital Records
4.00	(It yes, give wor or dote		220-48-4385			
Yes	6/23/18 - 1	2/15/10	CAUSE 0		taven Boutevar.	d, Balto., Md 21218
IB. BISEA	SE OF CONDITION DI	DE C TI V	CAUSE O	PULAIR		ONSET AND DEATH
01327	LEADING TO DEATH	RECTET	0	1		
	nat mean the mode of		DUE TO	bral nemorr	nage, massive	
heart failule,	asthenia, etc. It means nplication which caused	the disease,				
1	ANTECEDENT CAUSES (B)					
			DUE TO			
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)					*****	
UNDERLYIN	UNDERLYING CONDITION last.					
_	- 11			·		
OTHER SIGN	FICANT CONDITIONS CONTINUES OF	CONTRIBUTING	G F			
DISEASE OR	CONDITION CAUSING	IT.				
19A. DATE O	F OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
TR 2				Yes	Ye	S
OR CONTRIR	218. PLACE C		PLACE OF INJURY (e.g., in e, form, foctory, street, of	n or obout 21 C. WHERE fice bldg., INJURY OCC	DID (If in Boltim	nore City, give exact location)
DEATH (notify	y medical examiner)	etc.				
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E,	INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
(APPROX.)			ile At Not Whil			
		Wo		250	/77 3/-	1.11.
	22. I certify that (1) (this hospital) attended the deceased from May 3rd 19 67 to May 4th 19 67					
that (I) (we	that (1) (we) lost saw the deceased alive on May 4th 1967 and that in (my) (aur) apinian death occurred on the da					
ond haur an	d fram the couses sta	ted obove. ((We) (did) (did now)	iew the bady after a	leoth.	
23A. SIGNAT	23A. SIGNATURE					23B, DATE SIGNED
	Donungo A. 8	30000	M.D. Atte	ending Med.	Stoff Phys.	May 5, 1967
23C. PHYSICIA	ANS	ruscia		23D. ADDRESS		
NAME (Type) Veterans Administration Hospital						
AA BIIRIAL CO	MATION, 248, DATE	Die N		3900 Loch I	laven Blvd., B	alto., Md 21218 (City, town, or county) (Stote)
REMOVAL	(Specity)	24C. N	AME of CEMETERY of CRI	MAIORI	240. LOCATION	(City, town, or county) (State)
Burial	5/8/67	Bal	timore Natiom	al Cem.	Baltimore, Ma	aryland
	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS
	MAY 8 1967	R. Leso	E stander, Mile	Wm. Cook-	Brooks, Inc.	1217 St. Paul St.
VS 150-REV. 1/1/	65		9-1-4	1 4 7	O .	



		AORE CITY	HEALTH DEPARTMENT	02 4400		
	TH NO. 67 4468 CERT	ΓΙΓΙCA	TE OF DEATH Registered No	67 4468		
1,1	IAME OF DECEASED		2. DATE AND HOUR OF DEATH	- 0		
П(Ту	FRANK EDWIN DAVIS		MAY 5, 1967	18 / 1		
3.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)			
			A. STATE B. COUNTY Maryland			
	FULL NAME OF (If not in haspital ar institution, give street address or location)		C. CITY OR TOWN (If autside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS III rural, give location)			
	NSTITUTION					
1) ()					
	Preston Apts. Apt. 4B					
	218 Preston St. Balto. Md. 21202		218 Preston Street			
5. :	6. RACE 7. MARRIED, NEVER MARR WIDOWED, DIVORCED		8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.		
M	ale Caucasian Married	` '	March 6, 18 8 7 90			
	. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?		
	e during mast of warking life, even if retired)		01 *-			
	Col. U.S. Army Ret. U.S. Army		Ohio	U.S.A.		
13.	3. FATHERS NAME		14. MOTHER'S MAIDEN NAME			
	Wilbur E. Davis		Frances Barnum			
15.	Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL		17. INFORMANT	ADDRESS		
Y	s, no ar unknown) III yes, give war ar dates of service) Spanis -Amer. War		Col H E Davis 210 December	n Ct		
_	210-40-		Col. W. E. Davis 218 Presto			
	18.3 2 7 7	CAUSE OF	DEATH	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OF CONDITION DIRECTLY		P	2		
	LEADING TO DEATH		Memoria	Jays		
	(This does not mean the made of dying, e.g., D heart failure, asthenia, etc. It means the disease,	UE TO	/			
	injury ar camplication which caused death.)		Emplysema	V		
	ANTECEDENT CAUSES	UE TO	- mprysemic			
	DISEASES OR CONDITIONS, if any, giving	00 10				
		J)	****			
	UNDERLYING CONDITION last.					
z	II		h	12		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	56	VD	1 cerd		
	DISEASE OR CONDITION CAUSING II.			/		
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED	HON	20A. AUTOPSY? IYes at No.	INDINGS CONSIDERED ISES OF DEATH?		
ER						
U	OR CONTRIBUTING CAUSE OF hame, farm, factor	JURY le.g., in y, street, aff	ar about 21C. WHERE DID (If in Baltimare fice bldg., INJURY OCCUR?	City, give exact lacation)		
CAL	DEATH (natify medical examiner) etc.)					
ă	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCC	URRED	21F. HOW DID INJURY OCCUR?			
Ž	OF INJURY (APPROX.) While At	Nat While				
	Wark	At Wark	1 1000	, , ,		
	22. I certify that (1) (this haspitol) ottended the deceased fram July (985 ta May 5 1960					
	thoy (1) we) lost saw the deceased alive on 19 and that ip (my) (aur) opinion death accurred on the day					
	and hour and from the couses stated above, (1) (We) (did) (did not) view the body after death.					
	23A. SIGNATURE 23B. DATE SIGNED					
	PK pendan	M.D. Atter	nding Med. Staff			
	1111 ownery	Phys	Director Phys.	5-8-67		
	23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS 2 11/1/10/15065	Ly PKuny		
	1 K Gundr	Y M.D.	Ralt XII 11	2/18		
244	BURIAL CREMATION, 248. DATE 24C. NAME of CEME	TERY or CRE	MATORY 24D. LOCATION (City	y, tawn, ar caunty) (State)		
L	REMOVAL (Specify)					
	rial 5/9/67 Baltimore N	vatíona		5,411		
254	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		25C. FUNERAL DIRECTOR	ADDRESS		
	MAY 8 1957 12 00 8-12 Stand	E. M.B.	Wm, Cook-Brooks, Inc. 121	17 St. Paul St.		
	150-REV. 1/1/89	, , , , , , , , , , , , , , , , , , , ,	4470			



36.	-56-77]IB	BALTIMORE CITY HEALTH DEPA	RTMENT 67 4469
1.		BIRTH NO. CERTIFICATE OF D	EATH Registered No. 4400
3	l and death eased n the Such	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
OK.		(Type or Print) MARGARET BLACKWELL	5 May 196# 11 P M.
	hospital ise of d (5) Dece ance or death.	A. STATE	DENCE (Where declared lived, If institution: residence before admission) 8. COUNTY
	hospitise of (5) De ance deatl	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TO	WN (If outside city limits, write RURAL and give township)
	cause cause use; (5) endan to de	II INSTITUTION TAGET TO TAKE OF OF CONTROL OF THE	
	c 3 = 1	II Z DATETW DE WADVIAND	DRESS (Il rurol, give locotion)
	de d	BALTIMORE, MARYLAND (23	
	contributing contributing termined ca regular at ceased prior is made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIR WIDOWED, DIVORCED (specify) 5 sept (907 lost birthday) Months Doys Hours Min.
	deter in rion is	done during most of working life, even if retired)	(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	death Undet as in e dec	1,700	Carolina U.S. a.
	if de ect o 4) Un was the sposit		MAIDEN NAME
F	+ := 0 = = :=	1	la Cole
AN	ind ind al	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 17. INFORMANT 18. SECURITY NO. 17. INFORMANT 18. SECURITY NO. 18. SECURITY NO.	
ORT,	St. Lit	? REC RDS	B-BCH-14940 EASTERN A VENUE
0	on de a		ONSET AND DEATH
Z	Also e of noun atte	LEADING TO DEATH (A) Chronic Ob	Aructivo Pulmonary 7 years
**			alone)
OR		injury or complication which coused death.) ANTECEDENT CAUSES (B)	
5	Xamicamicamicamicamicamicamicamicamicamic	DISEASES OR CONDITIONS, if ony, giving	
DIRE	0 000	rise to the obove cause (A) sloting the (C) UNDERLYING CONDITION lost.	
<u> </u>	dical dical rrns; (siciar was i mains		
AL		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
UNER	by a med by a med 2) Body but the phy physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	SY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S	by Bo		
14.	== ====================================	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJUR	/HERE DID (If in Boltimore City, give exact location) Y OCCUR?
	الم الم	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. H	OW DID INJURY OCCUR?
	proved the hoseny nat except and (6	(APPROX.) While At Work At Work	
	proventhe house in house in house and and obtain	22. I certify that # (this hospital) attended the deceased fram \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	19 67 to 5 may 19 67
	E 0 0 W	that (I) (200) last saw the deceased alive an 5 May 19.67	and that in(my) (**) apinian death accurred on the date
	ased to dent of spital death) must be	and haur and from the causes stated above. (1) (War) (did) (did on) view the bady of	
	3 6 5 5 -	23A. SIGNATURE Barrlo M.D. Attending Phys.	Med. Stoff Phys. Stoff Congression 1964
	F 0 0 5 + 0	23C, PHYSICIAN'S NAME (Type) 23D. ADDRESS	Director Phys.
	certificate body was r vs: (1) An a D.O.A. at c assed prior ten approv	DR. ALAN J. BARNES M.D. BCH-494	O EASTERN AVENUE, BATIMORE, MD
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)	24D. LOCATION (City, town, or county) (Stote)
	certi body vs: (1 D.O. pased ten c	Burial 5/9/67 Baltimore National Cemet	ery Balto. Md.
	This certif the body shows: (1) was D.O.A deceased written ap	25A. DATE RECEITH HE THE DEST PARE OF REGISTRAL 25C. FUNER.	AL DIRECTOR ADDRESS
	- + v > 0 >	VS 150-REV. 1/1/65	ok-Brooks, Inc. 1217 St. Paul St.

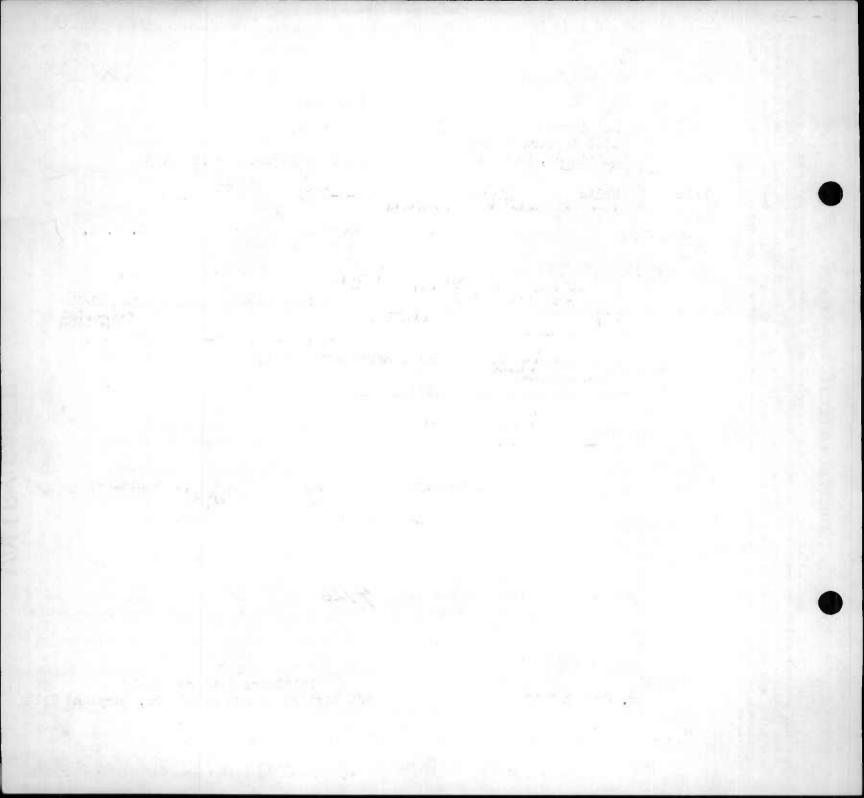


was D.O.A.

eceased

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. RTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland (If not in hospital or institution, give street C. CITY OR TOWN (If autside city timits, write RURAL and give township Baltimore City Hospitals Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rutol, give location) Baltimore, Maryland 1543 Covington Street 21230 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours last birthdoy) Widowed 11-3-1885 81 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland U. S. A. 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces' ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. RECORDS: BCH 4940 Eastern Avenue 21224 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED NO 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) etc.) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23B. DATE SIGNED Attending Staff M.D. Med. Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Baltimore City Hospitals Dr. Judith Mall 4940 Eastern Avenue Baltimore, Maryland 2122 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify)



	BALTIMORE CITY	HEALTH DEPARTMENT		CITY A AFTIN
BIRTH NO. 67. 4471	CERTIFICA	TE OF DEATH	Registered No	. 67 4471
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AN	D HOUR OF DEAT	гн
(Type or Print) PATTEN, Walter I	IMI	5/7/	167	3:50 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If	finstitution: residence before admission
		A. STATE B. COUN	TY	
FULL NAME OF (If not in hospital or institu	tion, give street	Maryland		
INSTITUTION		C. CITY OR TOWN (If aut	side city limits, writ	re RURAL and give township)
Veterans Administration F		Baltimore		1-02
3900 Loch Raven Boulevard	l	D. STREET ADDRESS (If	rurol, give location)	
Baltimore, Maryland 2121	18	331 S. Ellwo	ood Avenue	
5. SEX 6. RACE 7. MAI	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	owed, DIVORCED (specify) Sarried	11/2/16	last birthday) 50	Williams Days Hours Williams
10A, USUAL OCCUPATION (Give kind al work 10B, KIN				12. CITIZEN OF
done during most of working life, even if retired)			,	WHAT COUNTRY?
Musician		New York, N. 7	7_	U.S.A.
13. FATHER'S NAME		New York N.	AE	
Jack Patten		Man Con		
5. Wos Deceased Ever in U. S. Armed Forces?	14 200121	Mae Coe		ADDRECS
(Yes, na ar unknown) (If yes, give wor or dates, of ser	SECURITY NO	Veterans Admi	ni stratio	n Hospital Records
Yes (Yes, no ar unknown) (If yes, give wor or dotes of ser 2/28/41 - 9/4/45	SECURITY NO. 051-12-4858			Balto. Md. 2128
18. // / /	CAUSE O	F DEATH	III DIVUA	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	Bron	chogenic Carcino	oma with	1 year
(This does not mean the mode of dying,	e.g., DUE TO III	etastases to Cer	ebellum	
heart failure, asthenia, etc. It means the dis				
injury or complication which caused death.)	489			
ANTECEDENT CAUSES	DUE TO	*****************		
DISEASES OR CONDITIONS, if ony,				
rise to the abave couse (A) stating UNDERLYING CONDITION last,	The (C)			***************************************
		·		
Z OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING			
OTHER SIGNIFICANT CONDITIONS CONTRIB				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	120 A AUTORCY2 /Voc. or No.	1 208 IE VEC WEI	BE EINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
8		Yes	Yes	
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY le.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Baltim	nore City, give exact location)
DEATH Inotily medical examiner)	etc.)			
21 D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21 D. TIME (Month) (Day) (Year) (Hour)	While At Not Whil	e —		
(APPROX)	Work At Work			
22. I certify that (1) (this hospital) atten	ded the deceosed from	April 27th	9 67 to M	av 7th 19.67
that () (we) lost sow the deceased alive	on May 7th	19 67 and the	or intolet (our)	pointing death occurred on the de
			,,, (oo., c	opinion decin deconed on the de
and hour and from the couses stated abo	ve. (/I) (We) (did) (/d//d//n/6//) v	iew the body ofter deoth.		
23A. SIGNATURE				23 B. DATE SIGNED
Mand 11 1/11a	M.D. Atte	s. Med.	Stoff Phy s. X	May 8, 1967
23C.PHYSICIAN'S		32D ADDRESS		Hey Us 1701
DAVID N. MARINE		V A HOST		363 03030
	M.D.	3900 Loch Raven	Blvd., Ba	
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specily)	4C. NAME of CEMETERY OF CRI	MATORY 24D. LO	OCATION	(City, town, or county) (State)
RURIAL 5-13-47	PINFLAWN NATI	NAL CEM NE	-111 VA 1011	NEW VADI
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	WYORK	ADDRESS
8// 83/ (0)	A & Fallows	ICHN NA LAT DE	Del Carra	No ilai (Puoren 1
7 GILLORI	DI C. JOHNSIME	ON IN / WEBE,	11 5400A2	MC 401 SICHESTERS
VS 150-REV. 1/1/65			and the second second	

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VS 150-REV. 1/1/65

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attendance cause; (5)

BALTIMORE CITY HEALTH DEPARTMENT 4472 Registered Na. BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A, STATE
B, COUNTY Webster Hendricks Brown death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL and give township) 1034 N. Calvert Street ADDRESS (If turol, give location) 103h N. Calvert Street 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. eceased Hours WIDOWED, DIVORCED (specify) lost birthdoy) Male White Married
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY Nov. 11, 1906 60 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) ŏ Physcian
13. FATHER'S NAME Indiana the 4. MOTHER'S MAIDEN NAME Dr. Louis Emmitt Brown
15, Was Deceased Evar in U. S. Armad Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) Jessie Hendricks 6. SOCIAL ADDRESS or final SECURITY NO. attendance 274-10-1717 World 11 Yes Mrs. Annabella R. Brown as above INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH ARCINOMA OF LUNG (This does not meon the mode of dying, emba lar heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) CORONARY ARTERYDISEASE 5 YEARS regul ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, 710 VENTRICULAR FIBRILLATION TERMINAL rise to the above cause (A) stating the UNDERLYING CONDITION last. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING C. WHERE DID 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examiner etc.) MEDI (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) Work At Work ; and 22. I certify that (I) (this haspital) attended the deceased fram and that in (my) (aur) apinian death accurred on the date death) and have and from the causes stated above. (1) (Min) (did (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Allending Med. Director 0 Phys. approval 23 C. PHYSICIAN'S 23D. ADDRESS eceased prior NAME (Type) 24A. BURFAL CREMATION, 24C, NAME of CEMETERY of CREMATORY REMOVAL (Specify) May 8 1967 Cremation Greenmount 25C, FUNERAL DIRECTOR

COLUMN OF LUNE 2 YEARS

COLUMN Y ARTERVALOR SYLANDS

T DENTRICULAR FIRMLLANDM TERMINAL

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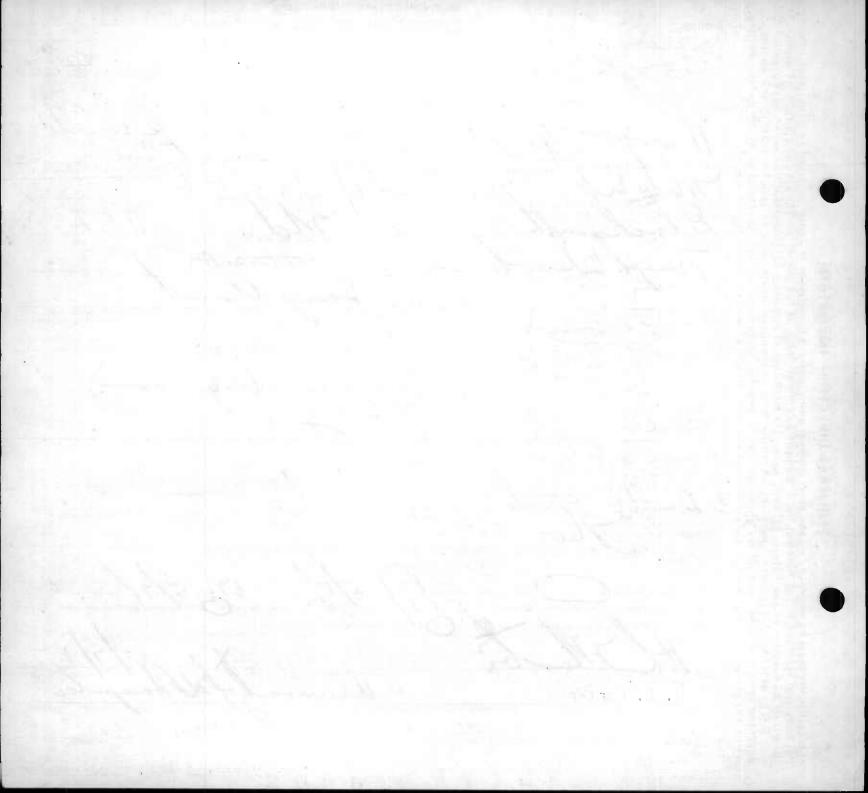
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musical Articles of an ex-

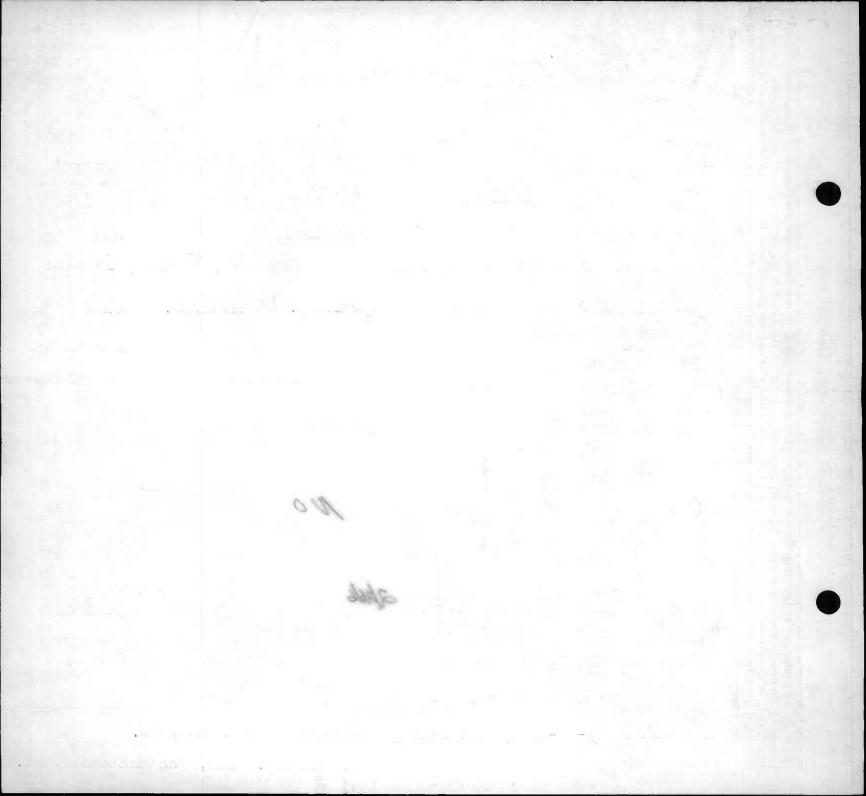
G7 AA72	BALTIMORE CITY HEALTH DEPARTMENT	CM AAMO
BIRTH NO.	CERTIFICATE OF DEATH Reg	stered Na. 07 4.4.70
M.E. CASE NO.	2. DATE AND HOUS	OF DEATH
(Type or Print) KITSON, BATH	ER 110 man	7. 1967 2:20P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decleos	ed lived. If institution, residence before admission)
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR address or togotion)		26-02
INSTITUTION		limits, write RURAL and give law (4)p)
North Chas 6	D. STREET ADDRESS (Il fural, give	
4121	5523 Daywe	
5. SEX 6. RAGE W Z. MARRIED	NEVER MARRIED B. DATE OF BIRTH 9. AGE	
.6917	DIVORCED (specify) 1/8/98 lost birth	doy) 9 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of/working life, even if retired)	BUSINESS OR INDUSTRY 11. BUTHPLACE (State or foreign count	12. CITIZEN OF WHAT COUNTRY?
1111	R-14: M1	USA
13. FATHER'S NAME	Rossback 14. MOTHER'S MAIDEN NAME	UJ/I
Dagent Brah	x Mamie Applea	
15, Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no ar unknown) (If yes, give war ar dates of service)	SECURITY NO.	7,500
No	· - Pari	
18.5 4/101	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	R14-18-1 mm	?
(This does not mean the made of dying, e.g.,	DUE TO LATE OF THE MAN	464(4
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	- hyposlatic.	
ANTECEDENT CAUSES	(8)	
	DUE TO	• • • • • • • • • • • • • • • • • • •
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)	
UNDERLYING CONDITION last.		
II II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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U OF INJURY	INJURY OCCURRED 21F. HOW DID INJURY OC	CUR?
(APPROX.) Whit	e At Not While At Work	
22. I certify that 🎢 (this hospital) attended the	e deceased fram 4/5 1967	to 5/7 196/
that (1) (we) last saw the deceased alive an	5/7 1967 and that in(m	y) (our) opinion death accurred on the date
and have and from the causes stated above. (1)	(We) (did) (did not) view the bady after death.	
23A. SIGNATURE J		23B. DATE SONE
Alle no Ux	M.O. Attending Med. Stoff Phys. Phys.	5/7/67
23C. PHYSICIAN'S	23 O. ADDRESS	9/1/0/
NAME (TYPE) DELLE	M.O.	1
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Burial 5/11/67 Lou	don Park Cemetery Baltimo FREGISTRAR 25C. FUNERAL DIRECTOR	re, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	F REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
MAY 8 1967 Octob	2. Jankey John A. Moran, Inc	3000 E. Baltimore St.
VS 150-REV, 1/1/65		

Suspend ex 23 4/14/07 Election and is AThylite DR. RELLE

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Ö	A 14 (A)	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If i	nstitution: residence before admission)
,	hospitse of (5) De ance deatl		ULL NAME OF (If not in hospital or institution, give street	Md.	Balto. Co
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Dan Be	ical ns; icia as		11		
A K	ysi v	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
Ø 8	y by by in a	CAT	DISEASE OR CONDITION CAUSING IT.	20A ALITOBEYZ (Voc. or. No.) 20R JE VEC. WEBS	EINDINGS CONSIDERED
Na La	a a hie	ERTIFIC	1 3 /3 8/ / WAS PERFORMED /	Femue 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C	AUSES OF DEATH?
Skt Gio	by	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	INJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimo	ore City, give exoct location)
O O	efer (AL	OR CONTRIBUTING CAUSE OF home, form, fact DEATH (notify medical examiner)	ory, street, office bldg., INJURY OCCUR?	
ME	by why	DIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OC	CURRED 21F. HOW DID INJURY OCCUR?	
V1. OF	atu atu (6)	×	OF INJURY (APPROX.) White At Work	Not While At Work	- 1
FT -	y n xce		22. I certify that (1)(this hospital) attended the decease		18/67 19.
FF	any (ex , an , obt		that (1) (we) last saw the deceased alive on		
Edwar	sed to sed to ent of ipital eath)		and haur and from the couses stated above. (1) (We) (di)	_	
E	leased to ident of hospital of death)	H	23A. SIGNATURE	, (cite iter), tress the deep error seems	23B. DATE SIGNED
	leas leas ide hos o de l mu		Herry H. Bolilanan M. I	M.D. Attending Med. Stoff Phys.	5/8/14
OF	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS	1/5
	at at		Henry IL. Bohlman	M.D. Johns Hopkin	15
d		24/		METERY OF CREMATORY 24D. LOCATION	City, town, or county) (State)
,d	cert body ws: (D.O ease	0	remation 5-11-67 Greenmou	int (rematorium Baltimore.	Md.
The body	4 +		DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRA	unt Crematorium Baltimore, R 25C. FUNERAL DIRECTOR Leonard J. Ruck, Ir	ADDRESS
T	This the shov was dece	ri.	MAY 8 1967 R. C. B. E. 3	alients Leonard J. Ruck, Ir	rc Baltimore, Md.
		VS	150-REV. 1/1/65 > 2 2 8)	0001111	



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maga S		es les		BA	LTIMORE CITY	HEALTH DEP	ARTMENT		OP A	d Almer
	BIRTH NO. M.E. CASE NO.	67	4477	CI	ERTIFICA	TE OF D	EATH	Registered N	a. b/ 4	4//
	1. NAME OF DE	CEASED HE	NRY C	CHRAD	HENS	CHEN.		DAY 7	1967	4:27 P.M
	3. PLACE OF D	FIC	TIMORE MARYL	MENT MENT	ED	A. STATE	B. COUNTY	e deceosed lived. I	f institution: resid	ence before odmission)
	HOSPITAL OR	d oddre	ess or location)	5-1	15-67	0 1		side city limits, wri	te RURAL ond gi	ve township) 10
	00	271	0 Manhatt	an Avenue		D. STREET AD 2710	nore. Dress (11 i Manhat	urot, give locotion) tan Ave	2.0	2///
300	5. SEX	6. RACE		MARRIED, NEVER A WIDOWED, DIVOR	CED (specify)	B. DATE OF BI		ost birthdoy)	If Under 1 Months: Do	Yr. If Under 24 Hrs. ys Hours Min.
SI IIS	done during most of			KIND OF BUSINES		11. BIRTHPLAC	E (State or foreig	n country)	12. CITIZEN WHAT	OF COUNTRY?
disposition	13. HATHERS NA	Oper.		Bethlehem	Steel.	Balta 14. MOTHERS	MAIDEN NAM	d.	U.	S.A.
	Henry		s. Armed Forces?			Loui	sa Sei	bel.	AI	DDRESS
rına	Yes, no or unknov	World	1 111 /		07-0563	Emma (Henry	chen 271	O Manha	tton Ave.
- 10	18. / 5	3 5	#23	13-07-9212	CAUSE OF	DEATH			INT	ERVAL BETWEEN SET AND DEATH
0	DISEA		TO DEATH	TLY	Caro	inoma	of the	colon	Me	ay 10,1966
Palm	heort foilure	, osthenio, e	ne mode of dyi tc. It meons the hich coused dec	diseose,	DUE TO	**********************			nam na ga na greja mang na manda manda di dida deka na na mah da mad di	f
63		ANTECEDE	NT CAUSES		(B)	nder dier verwer die sele die Sale (II, Sale der des des des son der des 19 Sale der des des				
1s are	rise to t		TIONS, if ony, couse (A) slo ON lost.		(C)			00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	r as as sindle-sindle disselved resource of the sindle district for an district of the district dis	
remains	≧ TO THE	DEATH BUT	NOT RELATED CAUSING IT.	TRIBUTING TO THE						
the	11.53	OF OPERATION		ON FOR WHICH O	PERATION	20A. AUTOI	O (Yes or No)	208. IF YES, WE IN CERTIFYING	RE FINDINGS CO	ON SIDERED ATH?
before	OR CONTRI	ENT WAS UNBUTING CA	USE OF	21B. PLACE C	OF INJURY (e.g., in foctory, street, off	or obout 21 C. INJU	WHERE DID RY OCCUR?	(If in Boltin	more City, give e	xoct tocotion)
ained b	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (F	White At Work	OCCURRED Not While At Work		OW DID INJU	JRY OCCUR?		
ō	22. I certif	y that (I) (t	nis hospita l) at	ttended the dece		April	101	966 to 1	May 7	1967
De				live an				it in (my) (oor)	apinian death	accurred an the date
UST	and haur a		causes stated	abave. (I) (We) (c	did) (did no t) vi	iew the bady	after death.		23 B. DATE S	IGNED
=	M	brakas	n B. 10	himorty	M.D. Atlet	nding 🚰	Med. Director	Staff Phy s.	May	7 1967
approval must	23C. PHYSIC NAME	IAN'S (Type)	0	11 0	2	3D. ADDRESS	. 1		2 0	- 134
ddr	24A. BURIAL CE	BRALL REMATION, 12	AM D. 1	14C. NAME of C	72 M.D.	75 01	240. 10	ERTY /	(City, town, or c	aLIMERT.
	REMOVAL	(Specify)							As I	,
written	Run	ial 5	-10-67	Baltime	ne Nati	anal (em. Bo	altimore.	Md.	

V\$ 150-REV. 1/1/65

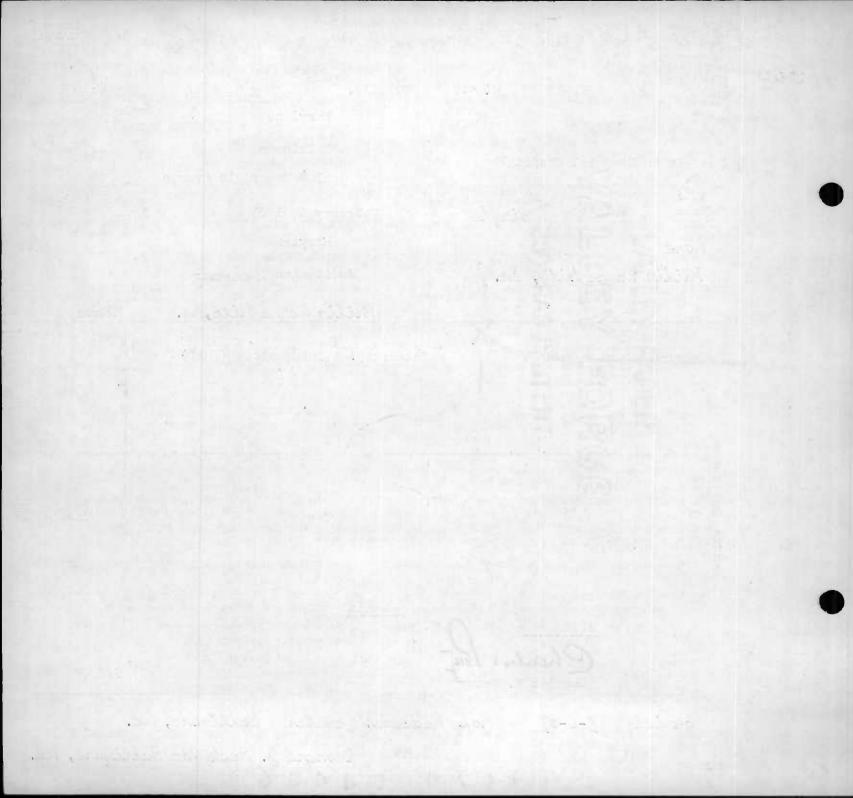
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M.E. CASE NO.	KAMINER 5 C	EKTIFICATE OF DE	A F Kegistered No	
1. NAME OF DECEASED		2. DATE AND HO	OUR PRONOUNCED DEAD	
(Type or Print) PHILLIP W	ayne HITE	Jr. May 5	5, 1967	4:10 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where dece		1910
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	UTION, GIVE STREET	c. city or town (If outside con Baltimore	porote limits, write RURAL o	ond give township)
Union Memorial Hospital		D. STREET ADDRESS (II rurol, give		1.00
5. SEX 6. RACE 7. MARRIED,	, NEVER MARRIED	B. DATE OF BIRTH		er 1 Yr. If Under 24 Hrs.
Male White Winowed,	DIVORCED (specify)	February 1, 1967	Months 3	Doys Hours Min.
to A. USUAL OCCUPATION (Give kind of work 108 KIND 60) done during most of working life, even if refired) None.	F BUSINESS OR INDUSTR	Maryland		ZEN OF AT COUNTRY?
13. FATHER'S NAME Philip Wayne Hite, Sr.		Judith Ann	hwanz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SO CIAL	17. INFORMANT	ADDRES	S
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Judith Ann Sci 17. INFORMANT Philip Wayne H	ite, Sr.	same
18. ' 5 2 5 X	CAUSI	OF DEATH	H = 10	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Inter	stitial pneumonitis	(SDII)	
(This does not meon the mode of dying e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	DUE TO			
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			***************************************
Z	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR				
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208.		
WAS PERFORMED		Yes	CERTIFYING CAUSES OF D	Yes
Y 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. TIME (AA-A) (D.) (V) (H.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. WHERE DID (If in office bldg., INJURY OCCUR?	Boltimore City, give exact I	acation)
OF INJURY	WHILE AT NOT	21F, HOW DID INJURY (O CCUR?	
22.	WORK AT W	WHILE		
resulted fram: Natural causes	Inspection Au	The state of the s	asis, death in my opinio etermined manner	on
ACTUAL O/	1)-	CHIEF MEDICAL EXAM		DATE SIGNED
SIGNATURE Charles S	1 ell M.D	ASSISTANT MEDICAL EXAM		5/6/67
NAME (Type) Charles S. P				
REMOVAL (Specify)	C. NAME OF CEMETERY		4 4. 1	
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME	Holy Redeen	24C. FUNERAL DIRECTOR		ADDRESS
40000	5 E. Farber, MA	Leonard J. R	uck Inc Bala	timore, Md.
VS 151-REV. 1/1/65	6 7 0 2	0 4 4 8 6		(



New Cathedral Cem.

25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

BIRTH NO

M.E. CASE NO. I NAME OF DECEASED

REMOVAL (Specify)

VS 150-REV, 1/1/65

Was

Surial 5/9/67

KESTERSON, THOMAS ELLIS
3. PLACE OF DEATH IN BALTIMORE, MARYLAND

AGNES HOSPITAL

(Type or Print)

pital and of death Deceased

Such

uo

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 2 DATE AND HOUR OF DEATH MAY 6, 1967 IISHAL RESIDENCE (Where deceased lived If institution; residence before admission) Il Under 1 Yr. Months: Doys Il Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? LISA DEC 1D ADDRESS ONSET AND DEATH APPROX. ILWKS 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 23B. DATE SIGNED (City, town, or county) Balto. Md. ADDRESS Leonard J. Ruck Inc. Balto. Md.

SETTERSUR, TRANSPORTER

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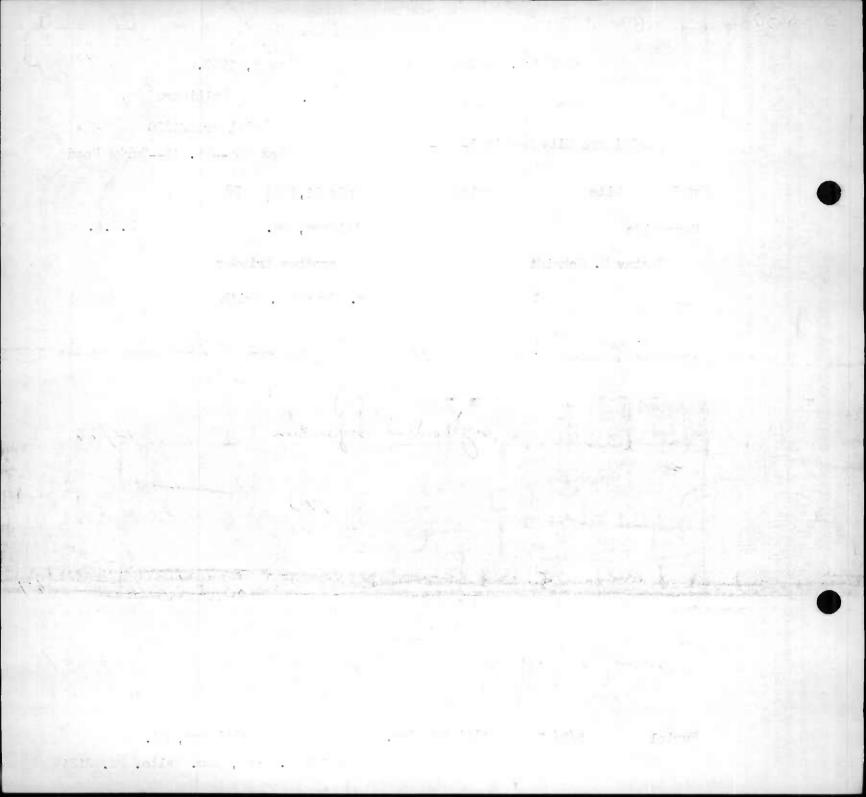
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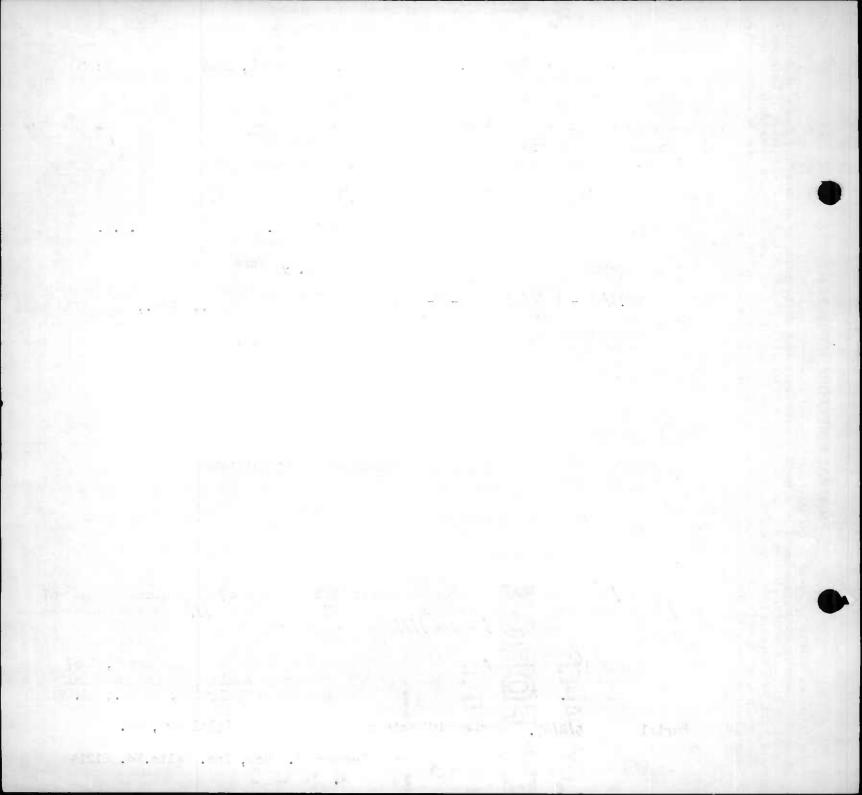
TURKER F. Leveler Color Color

ASSET OF THE CONTRACT OF THE PARTY OF THE PA

CP 4400 BALTIMORE	CITY HEALTH DEPARTMENT	67 4480
BIRTH NO. 67 4480 CERTIFIC	CATE OF DEATH Registered No.	07 4400
I. NAME OF DECEASED Type or Print) ELSIE K. SMITH	2. DATE AND HOUR OF DEATH May 5. 1967.	1245 F
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If in	
FULL NAME OF (If not in hospitot or institution, give street HOSPITAL OR oddress or location)	Md. Baltimor	0
INSTITUTION	Baltimore 212	
Beilimore City Hospital-DOA-	D. STREET ADDRESS (If rural, give location) Box 475Rt. 1	5Burke Road
Female White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify Married	July 31,1888 78	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
6A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU lone during most of working life, even if retired) Housewife	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Gustav H. Schmidt	Dorothes Krieder	
15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	Mr. Thomas E. Smith	(SAME)
18. 4 2 0, / I CAUS	SE OF DEATH	INTERVAL BETWEEN
Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	RONARY orthry Selenses	12/66
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	e.g., in or obout 21 C. WHERE DID (If in Boltimor to office bldg., INJURY OCCUR?	e City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
₹ (ARRECY) While At Not	While Work	
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an 3/27	19 6 7 ond that in(my) (aur) opi	5/5 19 6
and hour ond from the couses stoted obave. (1) (We) (did) (did no 23A-SIGNATURE A.D.	Attending Med. Stoff Phys. Director Phys.	23B. DATE SIGNED 67
The state of the s	M.D. DAVINERSITY Hosp	estuc, mel
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY O	CREMATORY 24D. LOCATION (C	ity, town, or county) (Stote)
Burial 5/9/67 Baltimore Ce	m. Baltimore,	Md.
MAY 8 1957 Robert E. tartey M.	Leonard J. Ruck, Inc. Ba	alto. Md. 21214
\$ 150-REV. 1/1/65	0 4 4 0 0	



	67 4481		BALTIMORE CITY	HEALTH DEPARTMENT		67 4481
BIRTH NO.	07 4401		CERTIFICA	TE OF DEATH	Registered Na.	67 4481
M.E. CASE NO.	EASED			2. DATE AN	ND HOUR OF DEATH	
Type or Print)	RITT, FRANKLI	N CLAY	SR.	Mav	4, 1967	1 3:40 P
B. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If in	nstitution: residence befare admission
				A. STATE B. COUN	NTY	
FULL NAME O	OF (If not in haspital address or tacation	ar institution,	give street	Maryland		
INSTITUTION			A			RURAL and give township)
	Administrati		ital		21206	21-07
3900 Loc1	h Raven Boule	vard		D. STREET ADDRESS (If	rural, give lacation)	
Baltimore	e, Maryland			3730 Evergreen	Avenue	
SEX	6. RACE	7. MARRIED	D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Manths Days Hours Min.
Male	White	Marr		7/19/09	57	
A. USUAL OCC	UPATION (Give kind of wor			11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
one during most of Sales	working life, even if retired)		unknown	Paradise Mo.		WHAT COUNTRY?
			ULIKITOWIL			U.S.A.
FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
Thomas	W Britt			Effie D. 2 W	lade	
Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
_	(If yes, give war or dat	es of service)	SECURITY NO.	Veterans Admi	nistration	Hospital Records
[es	2/25/42 - 10	1/5/45	345-05-9391	3900 Loch Rave		
18.	10 01		CAUSE O	F DEATH	VA	ONSET AND DEATH
DISEA	SE OR CONDITION DI					ONSE! AND DEATH
	LEADING TO DEATH		(A) Bac	terial endocard	itis	
	not meon the mode of asthenio, etc. It means			\$\$0 40 00 000 000 000 00 40 \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	## # # # # # # # # # # # # # # # # # #	
	nplication which caused					
	ANTECEDENT CAUSES	S		eomylitis	******************************	
DISEASES	OR CONDITIONS, if		DUE TO			
	e above couse (A)			*****************************		
UNDERLYIN	G CONDITION last.		ा स्थापन को का को की की का का को को कर का	*************************		***************************************
	- 11					
OTHER SIGN	IFICANT CONDITIONS		G P117	monary emboli m	ultinle	
DISEASE OR	CONDITION CAUSING		dE IO	THOUSANT A CHIDOTTE III	arorpre	
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF	OPERATION 198. COM		WHICH OPERATION	20A. AUTOPSY? (Yes at No		FINDINGS CONSIDERED
21	WAS PE	RFORMED		Yes	Yes	USES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID		e City, give exact lacation)
DEATH (notify	UTING CAUSE OF medical examiner	har		ffice bldg., INJURY OCCUR?		
215 5						
21D. TIME OF INJURY	(Manth) (Day) (Year)		INJURY OCCURRED	21F. HOW DID INJ	IURY OCCUR?	
(APPROX.)		W	hile At Nat While At Wark	e _		
22 Lagratify	shae (M (ship hasnisa	I) getandad	the decreed from Me	erch 31st	10 67 - Mars	1th 1967
11. 11.	har y/ (mis nospiro	1 1	ar 1	1011)150	17 UT TO MAY	190-1
					natin (my) (9617) apl	nian death accurred an the da
and haur on	d from the causes sta	ited abave. ((Van Bib) (did) (Aigh Index)	riew the bady after death.		
23A. SIGNATU	JIRE	1,				23 B. DATE SIGNED
(/	1/1/1/	han	M.D. Att	ending Med. Director	Staff Phys.	May 5, 1967
23C. PHYSICIA	and VIV	rou an				
NAME (T	Type)	ANTO TENTE		23D. ADDRESSVeterans		
		MARINE				Balto., Md. 21218
A. BURIAL CRE	MATION, 248. DATE		AME of CEMETERY OF CR			ity, town, ar county) (State)
Buria	5/8/6	57. Pa	arkwood Cemete	ry	Baltimor	e. Md.
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
1		000	0 7 0	Leonard J. Ruc		
	MAY 8 1967	Ulakier	E, Jankey MA	Contact of the	a Lice Dai	
S 150-REV. 1/1/	65	1 7	0 1 0 0	4 4 0	1	



0 m 8 4 0 f 3	BALTIMORE CITY	HEALTH DEPARTMENT	6	67 4482
BIRTH NO. 67 4482 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	1104
I, NAME OF DECEASED	ORA KATHE	ERINE 2. DATE AN	HOUR OF DEATH	967 23°A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	YLAND	titution: residence before odmission
FULL NAME OF (If not in hospital or institution) INSTITUTION INSTITUTION		C. CHTY OR TOWN (If out		URAL and give township
UNION MEMOR	142 1/05/11	IID. STREET ADDRESS (II)	rural, give location)	100
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	R DATE OF RIPTH	9 AGE IIn years	If Under 1 Yr. If Under 24 Hr Months! Days Hours! Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	WINOWED	02-23 96		12. CITIZEN OF
done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRI	MARYLI		HMERICA!
GEORGE VAN	HORN	14. MOTHER'S MAIDEN NAM		ra K. Parr
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	216-32-7650D	Mrs. Bernard E	. Eberwein,	308 Valley Ct. Rd. Latherville, Mo
18. 420,11	CAUSE O			INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	MYC	CARDIAL IN	IFARCTION	V 10 HOURS
(This does not meen the mode of dying,	e.g., DUE TO	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
heorl foilure, osthenio, etc. 11 meons the dis injury or complication which coused death.)	eose,			
ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		000000 w 0 00000 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if ony, g rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	iving the (C)	TERIOSCL!	EROTIC DISEAS,	SYEARS
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct tocotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Whill At Work			
22. I certify that (I) (this hospital) attend	ded the deceased from	5-4	96710	5-5-1961
that (I) (we) lost sow the deceased alive	on <u>S</u> - S	19 6 ond the	ot in (my) (aur) opin	ion death occurred on the d
and haur and from the causes stated abo	ve. (I) (We) (did) (did not) v	iew the body after death.		
Find for ful	Syd 7 M.D. Atte	ending Med. S. Director	Stoff Phys.	S-S 67
23C. PHYSICIANS FRIDTJOFU		23D. ADDRESS THE	INTON MEMO	RAAL HOSPITAL
REMOVAL (Specify)	4C. NAME of CEMETERY OF CR			y, town, or county) (Stote)
Burial 5/8/67.	Baltimore Ceme		Baltimore	
MAY 8 1967 REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	Leonard J. Ruc	k, Inc. Balt	ADDRESS to. Md. 21214
VS 150-REV. 1/1/65	6700	0 1 1 9 0		

4160NE 02-2396 TI MERRYLAND AMERICAN Very Townson, Name of St. Statistical for the Suspect of Suspect of the Suspe ENARGIC STRACTERS 23 -3 -3 C 5-2 63 ENDEROPEOPER BORNESON SHOWING MEMORIES ENGLISH The state of the s

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 7 4483 MEDICAL EXAMINER'S CE	ERTIFICATE OF DE	ATH Registered No67 4483
M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE AND H	DUR PRONOUNCED DEAD
JOHN KIRKPATRICK	May 7,	1967 12:58 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE	osed lived. If institution: residence before odmission) B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland c. CITY OR TOWN (If outside co	porote limits, write RURAL and give township)
INSTITUTION	Baltimore	27-12
2900 Overland Avenue	D. STREET ADDRESS (If rurol, give	locotion)
00	2900 Overlan	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED		P. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male White Married	Oct. 20, 1895	71
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY do be during most of working the even if prodd to the company of	New Jersey.	untry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Ochn Kinhnatrich	Elizabath An	Shanhandt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes no prunknown) (If yes give wo or dotes of service) 125-12-4765	May L. Kirkpatrie	Eberhardt ck,2900 Overland Ave.
18. 4. 2 0 0 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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LEADING TO DEATH	iosclerotic Heart D	isease.
heart failure, asthenia, etc. It means the disease,		
injury or complication which coused death.)		
ANTECEDENT · CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************
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TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION		IF YES, WERE FINDINGS CONSIDERED
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SIGNATURE M.D. EXAMINER'S	ASSOCIATE MEDICAL EXAM	E/7/67
NAME (Type) Charles S. Petty		
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY o	CREMATORY 23D. LOCA	4 4 1
Burial. 5/18/67 Baltimore N	ational (em. Be	altimore, Md.
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAT DIRECTOR	ADDRESS
MAY 8 1967 DO 6. 9 70 0. 40	Leonard y. Ri	ick, inc. 5305 Harford K
VS 151-REV. 1/1/65	0 4 4 0 1	

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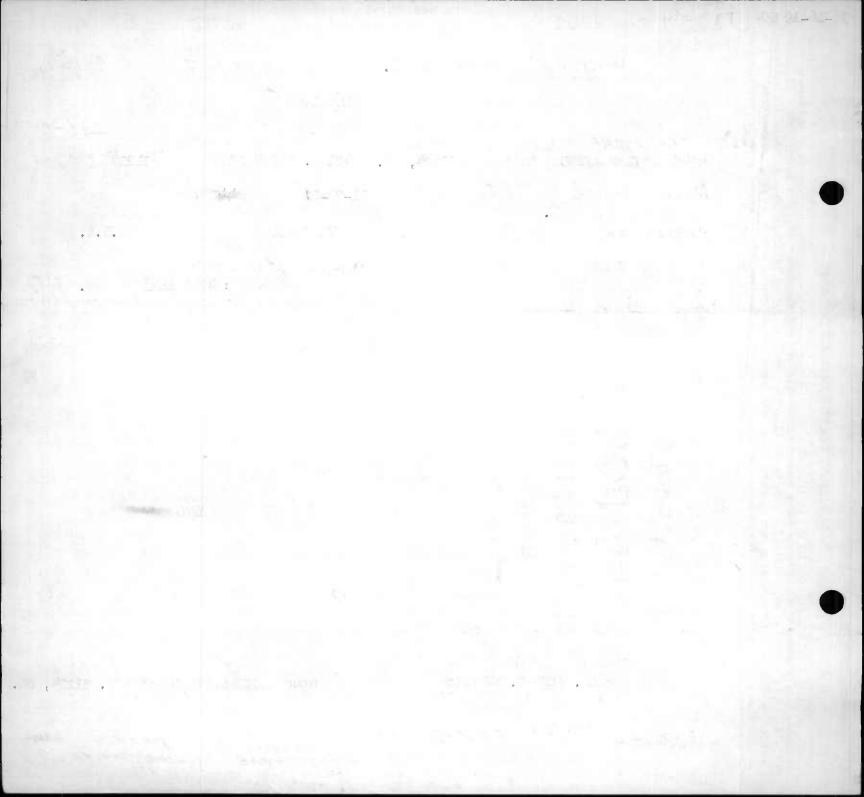
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. RTIFICATE OF DEATH deceased lived. If institution; residence before admission) (If outside city limits, write RURAL and give township #21.224 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. RECORDS: 4940 Eastern Ave ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ballimore City, give exact location) and that in (my) (aur) apinion death occurred on the date 23 B. DATE SIGNED 23C. PHYSICIAM'S 23D. ADDRESS BALTO. EASTERN, AVENUE NAME (Type) JOH LTIMOR 05 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) OXFORD 25A. DATE REC'D BY HEALTH DEPT CEM 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR J.G. CONNELLY LEXINGTON VS 150-REV. 1/1/65



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BURIAL 5/8/67 GARDENS OF SAITH BALTO. MO 15A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAY 8 1967 Robert 2.5C. FUNERAL DIRECTOR 300 MAC			11 /	./	EHV	41 :	
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BURIAL 5/8/67 GARDENS OF FAITH BALTO. MD 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAY 8 1967 Roberts 2. T. J. CAMPELLY SONS 300 MAC	NAME	DR. PAVI	1+F120/	7		OCATION 10	14 4
MAY 8 1967 Robert E. Salvage 1 25C. FUNERAL DIRECTOR ADDRESS To MAY 8 1967 Robert E. Salvage T. E. CANNELL SONS 300 MAC	NAME	REMATION, 248. DAT		7		OCATION (C	ity, town, or county) (Sto
MAY 8 1967 Robert E. Salley M. J. E. CONNELLE SONS 300 MAC	NAME	REMATION, 248. DAT	11-	TAME of CEMETERY OF CI	REMATORY 24D. I		
10 10 1000	NAME REMOVAL BURIAL CREMOVAL	REMATION, 248. DAT (Specify) 5/8	167 60	HAME OF CEMETERY OF CI	FAITH 24D. 1	BALTO.	MO
	NAME 24A. BURIAL C REMOVAL	REMATION, 248. DAT (Specify) 5/8	/67 G	HAME OF CEMETERY OF CI	REMATORY 24D. 1 SAITH 25C. FUNERAL DIRECTO	BALTO.	M D ADDRESS
	BURIAL CREMOVAL	REMATION, 248. DAT L (Specify) 5/8 'D BY HEALTH DEPT. MAY 8 198	/67 G	HAME OF CEMETERY OF CI	REMATORY 24D. 1 SAITH 25C. FUNERAL DIRECTO	BALTO.	M D ADDRESS

threeth Home & Hegoline along without the 81-46-3 - WATTREES 1 1 M Albret Chidasher MARCH FIRE 8314-22-413 Evenien CA Georgelical Toothers rest or the division No A-3 10 columbia 40 on Paul Herold

5/8/67

Burial

VS 150-REV. 1/1/65

25A. DATE R

Such

death

017	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.5 4486	CERTIFICA	TE OF DEATH	Registered Na.	-67 - 4486
M.E. CASE NO. 1. NAME OF DECEASED		O DATE AND	HOUR OF DEATH	
(Type or Print) Roth. Len	LeRoy J. Roth	Z. DATE AND	1/2	1 3:20 0
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where	deceosed lived. If i	nstitution: residence before admission
		A. STATE B. COUNTY		0
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location) INSTITUTION		Maryland Baltimore () C. CITY OR TOWN (If outside city limits, write RURAL ond give township)		
The Johns Hopkins Ho	ospital	7500 Battle	Grove C	ircle
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years st birthdoy)	It Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	Married	11-07-06	60	Total Total
10A. USUAL OCCUPATION (Give kind of work 108, KI				12. CITIZEN OF
done during most of working tite, even if retired)	1 0- 0 773 1 1	6 Mamrland		WHAT COUNTRY?
Radio Dispatcher Bal	to. Gas & Electri	c Co. Maryland	E	U. S. A.
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	E	
John J. Roth		Catherine Margotten		
John J. Roth 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (It yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. IN WITE)	Dung	dalk, Md. 21222
No	212-05-4289		h. 7500 B	attle Grove Circle,
18.5-40.11	CAUSE O		1,711	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	" Kil	forated ul	-	
(This does not meon the mode of dying,	e.g., DUE TO			
heort failure, asthenia, etc. It meons the di injury or camplication which caused death,	D ₋	1 A 1	1. 0.	
ANTECEDENT CAUSES	(B) Tec	foraled W	CRN	
DISEASES OR CONDITIONS, if ony,	001 10	U		
rise to the above cause (A) stating				
UNDERLYING CONDITION last.				1
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING KILL OF	red arthrete	-10. k	4
DISEASE OR CONDITION CAUSING IT.			7	
198. CONDITION WAS PERFORME	FOR WHICH OPERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21C. WHERE DID	(If in Boltimo	re City, give exoct locotion)
C DEATH (notify medical examiner)	etc.)	mice biog., INJURI OCCUR!		
O 21D. TIME (Month) (Doy) (Year) (Hou	1) 21E, INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
OF INJURY	While At Not White			
(APPROX.)	Work At Work			
22. I certify that (1) (this haspital) atte		4-13 19	67 10	5-0 19 67
that (1) we last saw the deceased aliv	e on 5/5	19 67 and that	in (my) (aur) ap	inian death accurred an the dat
and haur and fram the causes stated ab		riew the bady after death.	0	
23A. SIGNATURE				23B. DATE SIGNED
RJ Walley	M.D. Atte	ending Med. S	hys.	05-05-67
23 C. PHYSICIAN'S	Phy	s. Director Pl	nys. US	03 03 01
NAME (Type)				1. 7
Peter J. Rosen	M.D.	The Johns Hop		spital
24A. BURIAL CREMATION, 24B. DATE	24C. NAME at CEMETERY at CRE	EMATORY 24D. LOC	CATION (C	City, town, or county) (State)

Chase, Maryland Ebenezer Cemetery ADDRESS 25C. FUNERAL DIRECTOR John J. Duda, 7922 Wise Ave. Dundalk, Md.

the service of the se Bile pentrula Reformed where Muses trad attente + actente 5/5 Foresu . bu yaganing (. w) bubb saith ; ==

	NO.								
1. NAME O	F DECEASED					2. DATE AND	HOUR PRONOUNC	ED DEAD	
		ERNEST	F			May 4,			8:30 A M
3. PLACE IN	BALTIMORE,	MARYLAND, W	VHERE PRONO	UNCED DEAD	A. STATE		ceosed lived. If ins B. CO	titution: reside UNTY	ence before odmission
FULL NAM	OF (IF	NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		ryland	corporate limits, writ	e RURAL one	give township)
INSTITUTION					Po	ltimore			26-3
7 100		t Gaithe ot of Bo		ot	D. STREET ADD		ive location)		
							mer Avenue		224
5. SEX	6. RACE		7. MARRIED, WIDOWED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthday)	If Under Months D	1 Yr. If Under 24 Hrs Doys Hours Min.
Male	to the second se	Vhite		rried	June 23-		43		
		(Give kind of wor fe, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEI WHAT	OF COUNTRY?
Self	-employ	ed	Tav	ern	Maryla 14. MOTHER'S M			U.S	•A•
O, FAIRER		hn J. Kr	ol ezzik-	Kana		Rozansk	1		
15. WAS DE		IN U.S. ARMEI		116. SOCIAL	17. INFORMANT	1020113h		ADDRESS	
(Yes, no or un		give wor or dot		SECURITY NO.	Wife C	wie Kene	, 44.a.b.	- A	
IR was	A ()	IMy WHI	- 4	219-12-8195	OF DEATH	WITE WEILE	, majajuje	-	INTERVAL BETWEEN
DISE.	ANTECE	DENT CAUSE NDITIONS, IF A CE CAUSE (A) S NDITION LAST.	ES ANY, GIVING STATING THE	(B)					
	D. ELCANIELC AND	II CONSTIGNA	CONTRIBUTI	NC				41.13	
	THE DEATH	BUT NOT REDITION CAUSIN	ELATED TO G IT. NOITION FOR	NG THE WHICH OPERATION		IN	DB. IF YES, WERE FI		
CERTIFICATION OF THE OTHER OTH	THE DEATH ASE OR COND TE OF OPERA	BUT NOT REDITIONS BUT NOT REDITION CAUSIN TION 19B, COI WAS PE	ELATED TO G IT. NDITION FOR RFORMED	WHICH OPERATION	Ye	S IN	CERTIFYING CAU	ISES OF DEA	Yes
CAL CERTIFICATION OLSE 19A, DA 19A, DA 21A, EX	THE DEATH ASE OR COND TE OF OPERA TERNAL CAUS YING MOR CO	BUT NOT REDITION CAUSIN TION 198, COI WAS PER	ELATED TO G IT. NDITION FOR RFORMED	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, o	Ye	S IN VHERE DID (If	in Boltimore City, g	JSES OF DEA	Yes
AEDICAL CERTIFICATION OLHE TO	THE DEATH ASE OR COND TE OF OPERA TERNAL CAUS YINGMOR CO CAUSE OF E	AT CONDITIONS BUT NOT RI BUT NOT	ELATED TO G IT. NDITION FOR REFORMED 218. hometc.)	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, steet, o	Ye in or obout 21C. Niffice bldg., INJUR	S IN VHERE DID (IF OCCUR? Unknown	in Boltimore City, g	ISES OF DEA	Yes
WOLLAND OTHER TO DISE. 19A. DA OUNDER UTING (APPRO)	THE DEATH ASE OR COND TE OF OPERA TERNAL CAUS YING TO CO CAUSE OF E ME (Month RY)	AT CONDITIONS BUT NOT RE BUT NOT R BUT NOT RE BUT NOT R	ELATED TO GIT. NDITION FOR RFORMED 218. hometc.) or) (Hour)	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, o Unknown 21 E. INJURY OCCURRED	Yein or obout 21C, \frice bldg, NJUR	S IN VHERE DID (If	in Boltimore City, g	JSES OF DEA	Yes
WED OTHER TO DISE. TO DIS	THE DEATH ASE OR COND TE OF OPERA FERNAL CAUS YING MOR CO CAUSE OF E AE (Month IRY 5	IT CONDITIONS BUT NOT RE BUT NOT R BUT NOT RE BUT NOT R	ELATED TO GIT. NDITION FOR REFORMED 218. hometc.) or) (Hour) 67 A m.	WHICH OPERATION PLACE OF INJURY (e.g., or of the control of the c	Ye in or obout 21C, N ffice bldg, INJUR 21F, H WHILE X ORK S apsy X on Homici	S VHERE DID (IF OCCUR? Unknown DW DID INJUR? hot in al d that an this de X Un EDICAL EXA	in Boltimore City, gand of the Country of the Count	my opinion	Yes
WEDION OTHER TO DISE. WEDION OTHER TO DISE. 21 A. EX. 21 D. TIMO OF INJU. (APPRO) 22.	THE DEATH ASE OR COND TE OF OPERA: FERNAL CAUS YING MORE CAUSE OF E AE (Month IRY) J Certify tho resulted frag TUAL CHARLE AMINER'S ME (Type) CREMATION	SE WAS PER CONTRIBUTION (Yes A 1 (A 1) (Doy) (Yes A 1) (Char	elated to G IT. G IT. NDITION FOR REFORMED 218. hometc.) 67 A m. Inquiry ouses cles S.	WHICH OPERATION PLACE OF INJURY (e.g., or of the control of the c	Ye in or obout 21C, V ffice bldg., INJUR 21F, H WHILE X S apsy X on Homic CHIEF M ASSISTANT M ASSOCIATE M	S VHERE DID (IF OCCUR? Unknown DW DID INJUR? hot in al d that an this de X Un EDICAL EXA	in Boltimore City, go a common city, go a common co	my opinion	DATE SIGNED

Calaboral graff and an analysis of mich pagages The Profitient . Builthown longiscal chief even I. the market of the state

and of death

a hospital

contributing

or his assistant if death

certificate must be approved by the chief medical examiner

accident of any nature; (2) Body

at a hospital

shows: (1) An

was D.O.A.

the body was released to the hospital by

(4) Undetermined in regular

Was

death

cause; (5) Deceased attendance on Such

to death.

prior

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular attendance on the deceased

where the physician who pronounced

examiner.

	-560				BALTIMORE CITY	HEALTH DEPAR	TMENT		(D) of	4.46313
BIR	TH NO.	67 4	488		CERTIFICA	TE OF DE	ATH	Registered No.	6/	4488
	E. CASE NO.	FASED						ND HOUR OF DEATH		
	pe or Print)	N	1 - 1-	B	Bessie Rymer	•	Z. DATE A	~ / ~ /		900
2	PLACE OF DEA	7	(C)	YI AND	255/0	II. Herral accin	THEE OW	13/67	0	/ / M.
3.	PLACE OF DEA	ATH IN BALTIF	VIORE, MAR	EAND		A. STATE	B. COU	ere deceased lived. If in	nstitution: residenc	e before odmission)
	FULL NAME O	F (If not i	in hospital a	rinstitutio	n, give street	Maryla	nd			
П	HOSPITAL OR		or location)	111311101101	, give sneet	C. CITY OR TOW		utside city limits, write	RURAL and nive	township)
1.1	INSTITUTION	0.11				Baltim			sina girta	01-10
1 5	Baltimore	e City I	dospita	ıls		D. STREET ADDR		frurol, give location)		20-10-
	940 Eas			**						
	Baltimore			#2122		4940 E				
5. 5	SEX	6. RACE	7		D. NEVER MARRIED (ED, DIVORCED (specify)	B. DATE OF BIRT	4	9. AGE (In years	If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
F	emale	White	3	Wid	dowed	10-16-92		9. AGE (In years	TVIONITI'S COY'S	Hours Patin.
102	. USUAL OCCI	JPATION (Give	kind of work 1	OB, KIND	OF BUSINESS OR INDUSTRY				12, CITIZEN O	F
	e during most of							,	WHAT CO	UNTRY?
			Housew:	ife		Mary:	land		U.S.A.	
13.	FATHER'S NAM	ΛE				14. MOTHER'S M	AIDEN NA	ME		
	D. Line	oln Wil	.t			Fann	y L.	Blocher		
15.	Was Deceased	Ever in U. S.	Armed Force	es?	16. SOCIAL	17. INFORMANT			ADDE	#21224
116	s, no or unknown	illi yes, give	wor or dotes	of service	SECURITY NO. 216-16-2492-A	DOIL Dog		1010 Footom	Arro Pol	#ZIZZ4
	No						orus	4740 Eastern	Ave. Dar	CIMOTE, IM.
	1B. 4 9	$= X \perp$			CAUSE O	F DEATH				VAL BETWEEN
		E OR COND		CTLY	.0			n	ONSE	AND DIAM
	1	LEADING TO			(A)	neumas	2011	1	1.3	urtes
		ot mean the				April Committee Control Committee Co	845,447 86.4	A		
		asthenio, etc.			e,					
	1 '	ANTECEDENT			(B)					970007 87A 6A A 8 0 A A 6 0 8 0 8 0 A A A 8 0 8 0 A A
	DISEASES	R CONDITIO	ONS if an	nu aivie	DUE TO					
		obove co								
		CONDITIO			()					00^000000000000000000000000000000000000
		- 11								
z	OTHER SIGNI	FICANT CON	DITIONS CO	NTRIBUTI	NG OC					
E	TO THE D	EATH BUT	NOT RELAT	ED TO		timas	1-		sont	11/40
CERTIFICATIO	19 A. DATE OF	OPERATION (R WHICH OPERATION	20A. AUTOPSY	2 (Y == 0 N	o) 20B. IF YES, WERE	ENDINGS CONS	IDAED
E		O. EKAIIOI	WAS PERFO	RMED	The state of the s			IN CERTIFYING CA	USES OF DEATH	A CHELD
E S	21 - 2 - 2 - 2	17 6		10		YES / E	- >			YES
"	OR CONTRIBU	TING CAU	SE OF		1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of			(If in Bollimor	e City, give exoc	t location)
CAL	DEATH (notify				tc.)					
	21 D. TIME	(Month) (Do	y) (Yeor)	(Hour) 2	IE INJURY OCCURRED	21 F. HO	W DID IN	JURY OCCUR?		
MEDI	OF INJURY		,		While At Not Whil					
	(APPROX.)				Vork At Work					
	22. I certify	that (D) this	hospital)	attended	the deceased fram	5/11	184	19 to	.5 /	1967.
	1				-1-	1	5. 1			
					A 00/			hot in (my) (our) opi	nion death occ	urred an the date
			uses state	d abave.	(1) (We) (did) (did nat) v	riew the bady af	ter death.			
	23A. SIGNATU	RE			2				238, DATE SIGN	NED

23C. PHYSICIAM'S NAME (Type) Mary Ann Sullivan

M.D.

23D. Appress Baltimore City Hospitals

Baltimore, Maryland#21224

(City, town, or county)

24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE Burial

Baltimore National

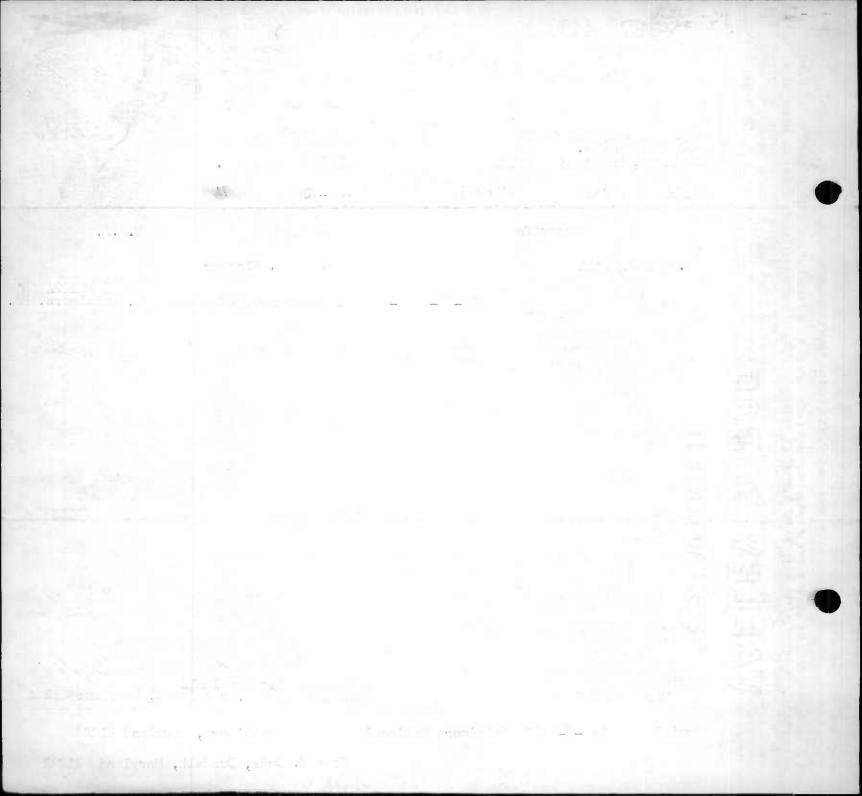
Baltimore, Maryland 21228

25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

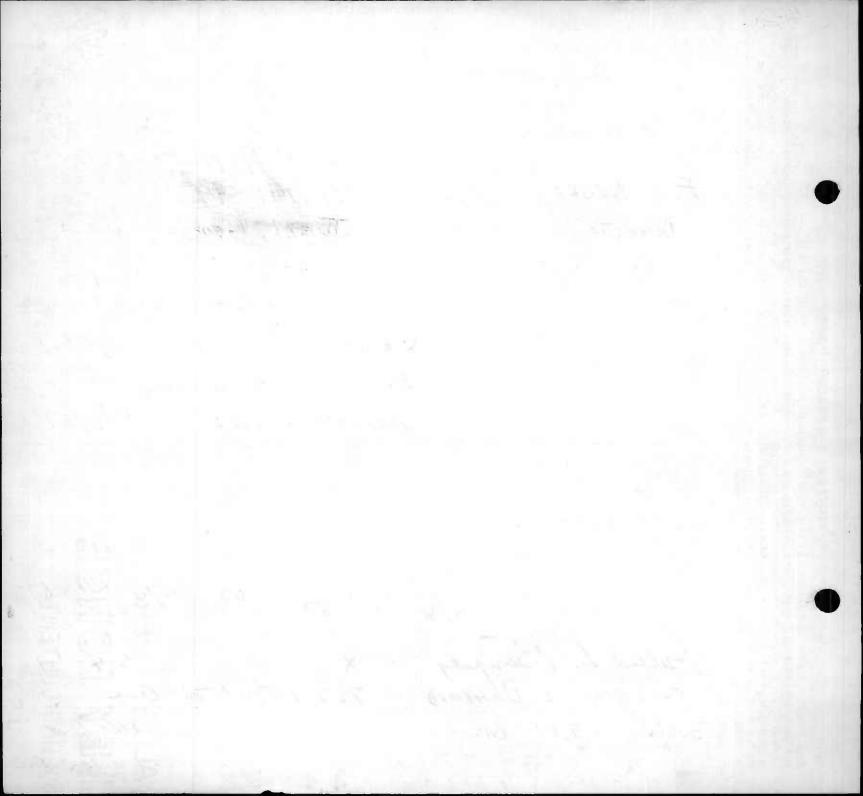
25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/65

John J. Duda, Dundalk, Maryland



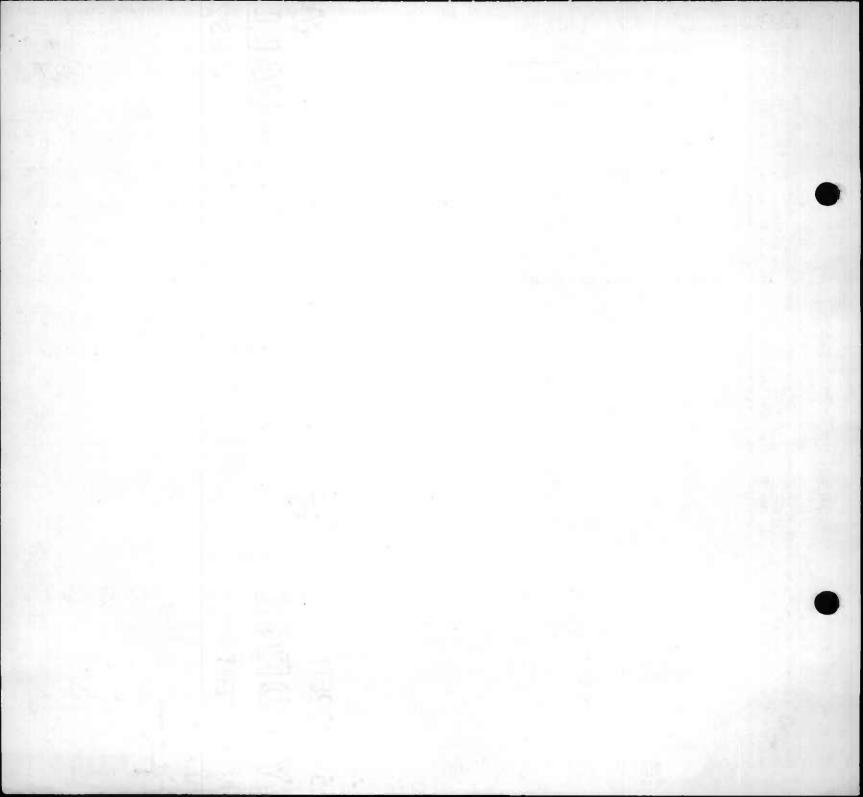
		BALTIMORE CITY	HEALTH DEPARTMENT		CAN ALACO	
	BIRTH NO. 67 4489 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	07 4483	
	1. NAME OF DECEASED Ruby L.	64/05	2. DATE AND	HOUR OF DEATH	17416. 4	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	7,20	4. USUAL RESIDENCE WHERE	deceosed lived. If institu	tion: residence before admission)	
	FULL NAME OF (If not in hospital or institution, g		C. CITY OR TOWN (If outs	ide city limits, write RUR	AL and give township	
	20 FROYIDENT	1-105PMAL	D. STREET ADDRESS (If ture), give Jogotion)			
6	27	NEVER MARRIED	250 A		M STREET	
3		DIVORCED (specify)	7/4/1917	ist hi 49	Under 1 Yr. It Under 24 Hrs. onths Doys Hours Min.	
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF done during most of working life and fratired)	CA-	11. BIMHPLACY (Sale of foreig	1	2. CITIZEN OF WHAT COUNTRY?	
200	13. FATHERS NAME		14. MOTHER'S MAIDEN HAM	5 E0891A	0.5.74	
2	NEILL ALLEN 15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	ORA 17. INFORMANT	?	ADDRESS	
3	(Yes, no or unknown) (It yes, give wor or dotes of service)	SECURITY NO. 212-24-75-69	MR. JOHNNIE	LYLES 25	N. Fulton Ave	
5	DISEASE OF CONDITION DIRECTLY	CAUSE OF		7. 0 20	INTERVAL BETWEEN ONSET AND DEATH	
0	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) E	REBRAL HEM	ORRHHGE	5/2/67	
3	heart foilure, osthenia, etc. It means the disease, injury ar complication which caused deoth.)		EATT 14 /40	1106056	to	
0	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving		ENTIBL /ty		- Lel	
2	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C) AK	TERIOSCLER	0515	5/4/67	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	19A. DATE OF OPERATION 19B. CONDITION FOR VWAS PERFORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?	
2019	OR CONTRIBUTING CAUSE OF hom.	e, torm, toctory, street, off	or obout 21 C. WHERE DID	(If in Boltimore Cit	ty, give exact location)	
3	U OF INJURY	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
3	(APPROX.) Wor 22. I certify that (1) (this hospital) attended th	k L At Work		65 10 5/	1067	
	that (I) (we) last saw the deceased alive an	/	/ /->	-/	n death accurred an the date	
200	and have and from the causes stated above. (1			231	B. DATE SIGNED	
5	Sulled L. Dan		Director P	toff Phys.	5-4-67	
	23C. PHYSICIAN'S NAME (Type) CT: LBERT L. BA	MIFIELD M.D.	72 2 M.7	ulton (los	
3	24A. BURIAL CREMATION, 248. DATE 24C.NA		1 0 7		own, or county) (Stote)	
	BURIAU 5/9/67 BA 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		25C/FUNERAL DIRECTOR	LIMERS	MHIZYLAND	
	MAY 8 1967 R.O P.	E. Farbura	HERBERT E.	Nu 11 ER 30:	35 W. NORTH AVE	
	VS 150-REV. 1/1/65	0 / U	1 1 4 1 2 6			



VS 150-REV. 1/1/65

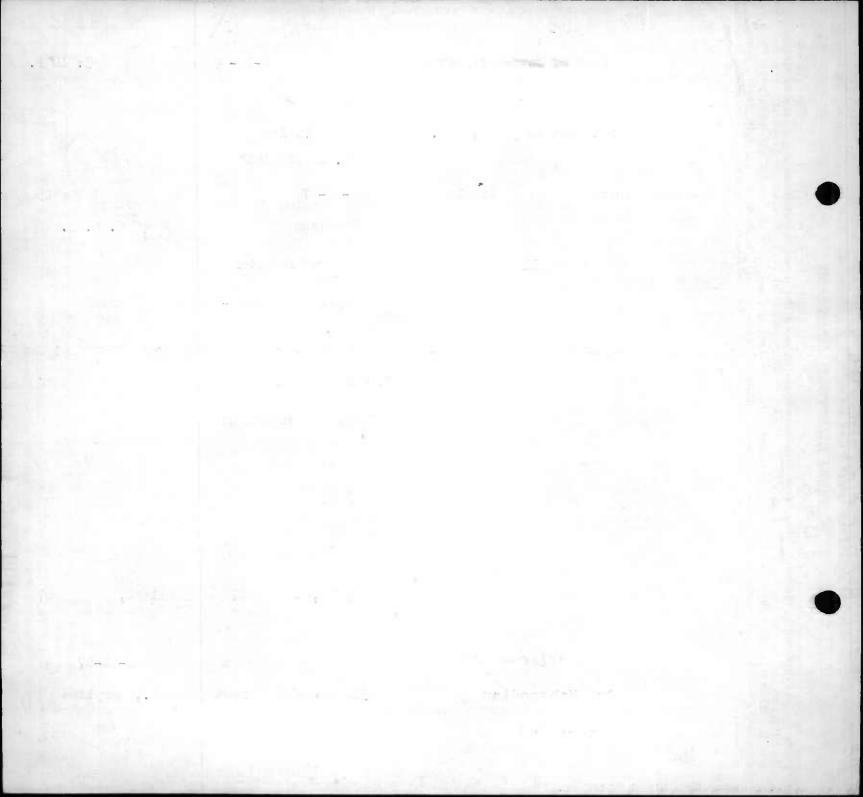
BALTIMORE CITY HEALTH DEPARTMENT

A STATE OF THE REAL PROPERTY. 4/19/24 42 Co America -A 2.J Edith Roberticia . Heavinga Robinson Conducty Pronchogenie (4 , 6 m/o.) C CIV S metastasus the state of the s 12 E2/4 19 32/5 22/4 4/23/67 Sandra & Sala-SONDER Z. SALAN WILLIU. HOSPITAC

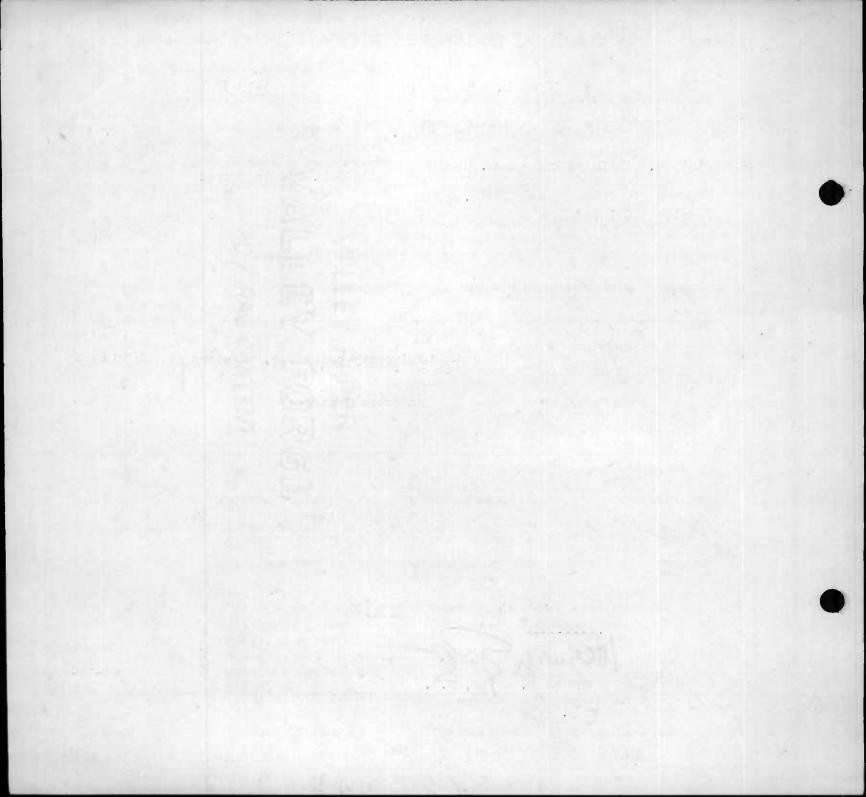


(Тур	AME OF DECEASED e or Print)	Baby of		orrester		ND HOUR OF DEATH	3: 10 P.
3. P	LACE OF DEATH IN	BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe		nstitution: residence before admissi
H		(If not in hospital oddress or location		ive street	Maryland c. city or town (11 ou	utside city limits, write	RURAL ond give township)
	39 P	rovident	Hospital	L, Inc.	Glen Burnie D. STREET ADDRESS (IF Rt. 2 Box 18	rurol, give locotion)	32-20
5. SI		gro	WIDOWED	NEVER MARRIED , DIVORCED (specify) ingle	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Min
		N (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore Maryland	eign country)	12, CITIZEN OF WHAT COUNTRY? U. S. A.
13. F	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
	Rob	ert Gambri	ill		Joyce Forres	ster	
	Was Deceased Ever in , no or unknown) (If yes			1 6. SOCIAL SECURITY NO.	Joyce Forres	ter - mother	ADDRESS SAME
	1B7 1 1).	VI.		CAUSE O		110 01102	INTERVAL BETWEEN
	DISEASE OR LEADI (This does not me heart failure, asther injury ar camplication ANTEC DISEASES OR CO	ia, etc. It means an which caused EDENT CAUSES INDITIONS, if	dying, e.g., the disease, death.)	(B) Ata	drocranium, caus		ned nest and death
	DISEASE OR LEADI (This does not me heart failure, asther injury ar camplication ANTEC DISEASES OR COrise to the about the ab	NG TO DEATH an Ihe made af ia, elc. It means an which caused EDENT CAUSES NOITIONS, if we cause (A) IDITION last. IT CONDITIONS C	dying, e.g., the disease, death.) any, giving stating the	Ata (B) DUE TO (C) Ate			
ATION	DISEASE OR LEADI (This does not me heart failure, asthern injury ar camplication ANTEC DISEASES OR COrise to the about the abo	NG TO DEATH an the made of id, etc. It means an which caused EDENT CAUSES INDITIONS, if we cause (A) IDITION last. IT CONDITIONS C BUT NOT RELA TION CAUSING I	dying, e.g., the disease, death.) any, giving stating the ONTRIBUTING	Ata (B) DUE TO (C) Ate	rophy of brain	torum	ned
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VS 150-REV. 1/1/65

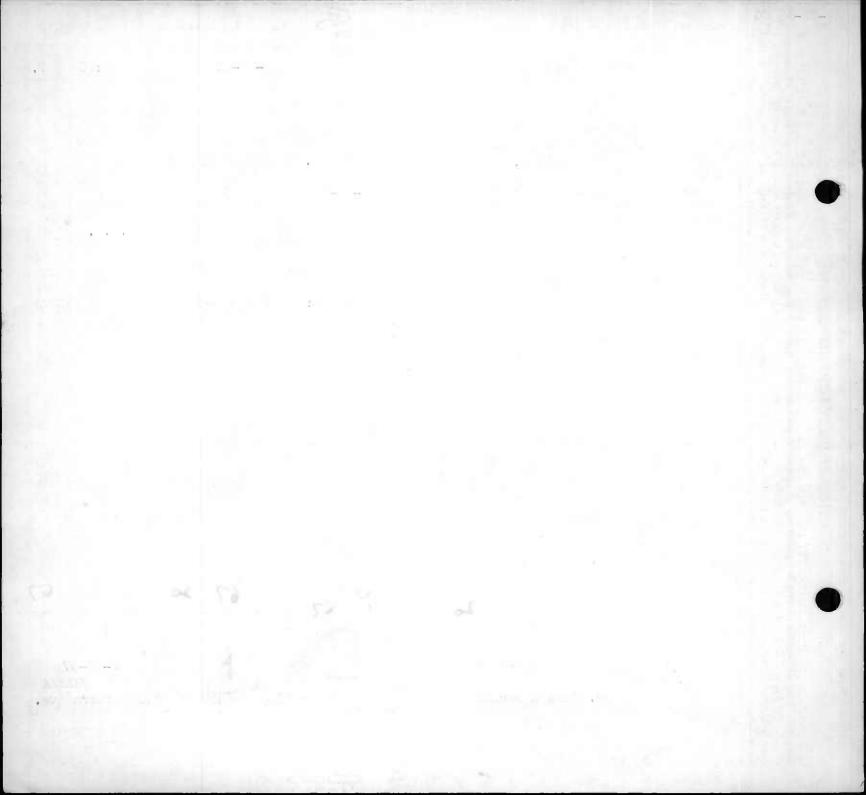


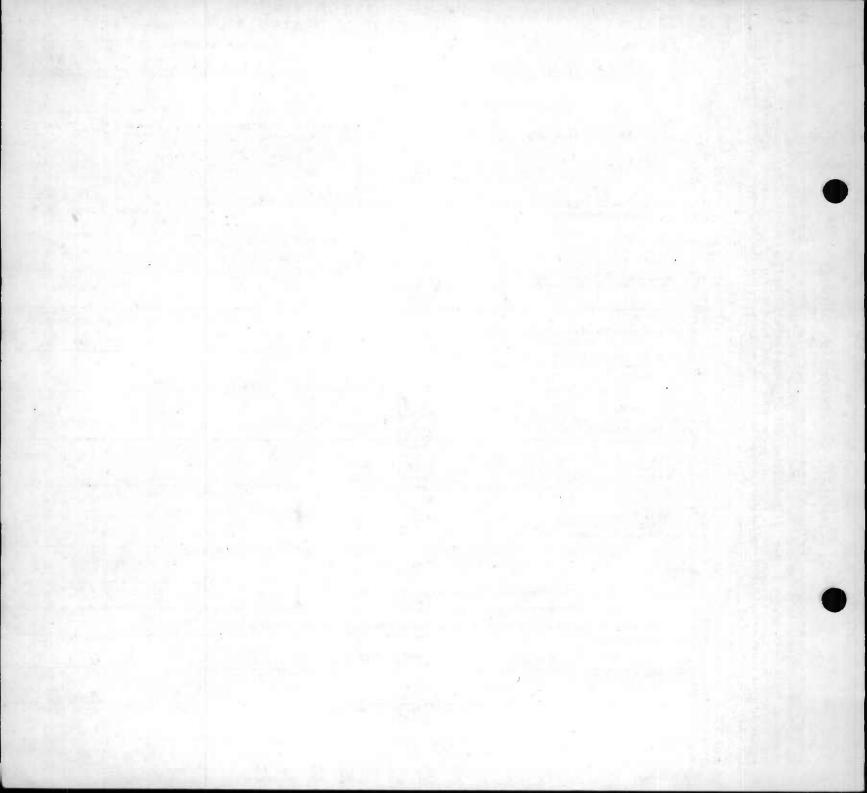
1. NAME OF DECEASED							2. DATE AND	HOUR PRONOUN	CED DEAD	
				ILA P.		4-15-67				N.
3. F	LACE IN BALT	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				A. STATE				
HO	L NAME OF SPITAL OR TITUTION	(IF NOT ADDRE	IN HOSPITA	AL OR INSTI	TUTION, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, w	rite RURAL on	d give township)
1	1313 E.	BIDDL	E STREE	ET - Am	b. Crew #7		RESS (If rurol, e			
5. \$	EX	6. RACE			D, NEVER MARRIED	B. DATE OF BIR		9. AGE (In year lost birthday)	If Under	1 Yr. If Under 24 H Doys (Hours , Min
١,	Tema1e	Colo	rod	WIDO WED,	DIVORCED (specify)			65	Profilins	Doy's Trools 14th
IOA	USUAL OCCI	UPATION (Gi	ve kind of work	k 108. KIND (OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign		12. CITIZE WHA	N OF T COUNTRY?
13.	ATHER'S NAM	ΛE				14. MOTHER'S	AAIDEN NAME			
	WAS DECEASE				16. SOCIAL SECURITY NO.	17. INFORMANT	Lucia I		ADDRESS	
(Ye	, no ar unknown	of the yes, give	e wor or dote	es of service)	SECORITI NO.					
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NO	RISE TO TH	NG CONDI	TION LAST.			4				
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49-10-16 GG]

IRTH NO. 67 4494 CEDITIES		A 4114
IRTH NO. OF 4434 CERTIFIC	CATE OF DEATH Registered No.	67 4494
A.E. CASE NO.	2. DATE AND HOUR OF DEAT	u
Type or Print)		
Edward Webster PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased fixed, If	institution residence before admission
	A. STATE B. COUNTY	mathematical before contrasto
FULL NAME OF (If not in hospital or institution, give street	MARYLAND	
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, writ	e RURAL ond give towy(ship)
BALTIMORE CITY HOSPITALS	BALTIMORE	7-01
3 4940 EASTERN AVENUE	D. STREET ADDRESS (If rurol, give tocotion)	_
BALTIMORE 21224, MARYLAND	615 E. BALTIMORE STREE	T
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 H Months: Doys Hours Min.
Male White WIDOWED (specify)	6-19-08 58	
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ne during most of working life, even il retired)	MARYLAND	
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
TOTAL POINT	176 MOINERS MAIDEN NAME	
JULIUS	HELEN	
Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
SECONIT NO.	RECORDS: BCH 4940 EASTE	RN AVENUE # 21224
18. 4 9 2 X CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	^	ONSET AND DEATH
LEADING TO DEATH	neumannen	days
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	***************************************	J
injury or complication which coused death.)	0 1 0	
ANTECEDENT CAUSES	rollmorerced infect	~~~
DISEASES OR CONDITIONS, if ony, giving	V	
rise to the above couse (A) stating the (C)		
UNDERLYING CONDITION last,		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Mous
DISEASE OR CONDITION CAUSING IT.	Levenno	V Y-
THE RAME OF ORPHANICAL LIGHT CONTINUES.	1004	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No 20B. IF YES, WER	E FINDINGS CONSIDERED
1194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No 20B. IF YES, WER IN CERTIFYING C	**
OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e. home, form, foctory, street,	100	E FINDINGS CONSIDERED CAUSES OF DEATH? ore City, give exoct locotion)
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.f. home, form, foctory, street, etc.)	g., in or obout 21C. WHERE DID (If in Boltim	**
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21C. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the causes stated abave. (I) (We) (did) (did month) (did) (did month) (Type) 23C. PHYSICIAN NAME (Type) Dr. Joseph Berman	y, in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? White ork 19	pinian death occurred on the de 238. DATE SIGNED 4-20-67 #21224 4940 Eastern Aven
212. TAME (Month) (Doy) (Year) (Hour) 210. TIME (Month) (Doy) (Year) (Hour) 210. TIME (Month) (Doy) (Year) (Hour) 211. TIME (APPROX.) 212. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the causes stated abave. (I) (We) (did) (did not and state of the causes stated abave. (I) (We) (did) (did not approximately presented that (Type) 210. TIME (Month) (Doy) (Year) (Hour) 211. PLACE OF INJURY (e. home, form, foctory, street, etc.) 212. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on the causes stated abave. (I) (We) (did) (did not approximately presented that (Type) 213. PHYSICIANT (Month) (Doy) (Year) (Hour) 214. PLACE OF INJURY (e. home, form, foctory, street, etc.)	y, in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? White ork 19	pinian death occurred on the do
212. TAME (Month) (Doy) (Year) (Hour) 22. I certify that (I) (this hospital) at the deceased from that (I) (we) last sow the deceased abave. (I) (We) (did) (did not 23 A SIGNATURE 23. PHYSICIAN NAME (Type) Dr. Joseph Berman A. BURIAL CREMATION, [248, DATE] 218. PLACE OF INJURY (e. home, form, foctory, street, etc.) 218. PLACE OF INJURY (e. home, form, foctory, street, etc.) 218. PLACE OF INJURY (e. home, form, foctory, street, etc.) 218. PLACE OF INJURY (e. home, form, foctory, street, etc.) 218. PLACE OF INJURY (e. home, form, foctory, street, etc.) 218. PLACE OF INJURY (e. home, form, foctory, street, etc.) 218. PLACE OF INJURY (e. home, form, foctory, street, etc.) 218. PLACE OF INJURY (e. home, form, foctory, street, etc.)	y, in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? White ork 19	pinian death occurred on the de 238. DATE SIGNED 4-20-67 #21224 4940 Eastern Aven
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on ond hour and from the causes stated abave. (I) (We) (did) (did not 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) Dr. Joseph Berman A. BURIAL CREMATION, REMOVAL (Specify) A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	g, in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? White ork 19	pinian death occurred on the do
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED White At Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the causes stated abave. (I) (We) (did) (did not cause) 23A. SIGNATURE Dr. Joseph Berman A. BURIAL CREMATION, REMOVAL (Specify) A. BURIAL CREMATION, REMOVAL (Specify) Dr. Joseph Berman M. D. CAUSE OF INJURY (e. home, form, foctory, street, etc.) 21E. INJURY OCCURRED White At White At Work At Work Not Vor. No	g, in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? White ork 19	pinian death occurred on the do



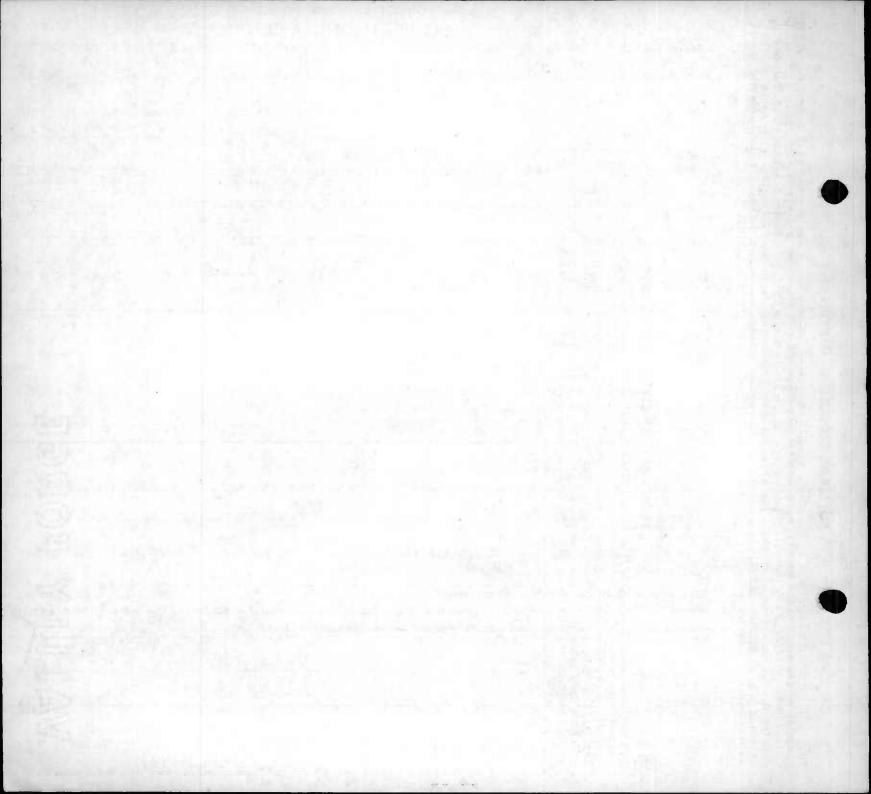


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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

OP AAAR	BALTIMORE CITY	HEALTH DEPARTMENT		67 4497
MRTH NO.67- 98794437	CERTIFICA	TE OF DEATH	Registered Na.	01 3301
A.E. CASE NO. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
Type or Print BABY BOY JONES			1 V 67	1 11.45 A
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (V	Vhere deceased lived. If in	11.45 P.
SHILL MARKE OF the second of t		A. STATE B. CO	UNIT	0-12 0
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (IF	outside city limits, write	RURAL and give fownship
38 UNIVERSITY HOS	DITAL	Balte	naco-	31218 nd
3 × 01010616 11	PA-MINE	D. STREET ADDRESS	(If rural, give location)	1.00.1.0
90	DALIMINE	1 2622 /	into Cerc	
	DIVORCED (specify)	4.14.67	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if refired)		BAZTIN	ME ND.	WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN		0. 3.77
h h		50 11		
Unk	17.500141	Mayen	e Jones	2/
es, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
18. 75-3,/1	CAUSE O	FDEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0 /	10	1 . 0	ONSET AND DEATH
LEADING TO DEATH	(A) Juh	rman stated	as- s & cerchin	conotin
(This does not mean the made of dying, e.g.,	DUETO	X-1	***********************************	
heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)		1 1)	-	
ANTECEDENT CAUSES	(B) Junese	Tord boun 51	em	
DISEASES OR CONDITIONS, if any, giving	DUE TO	1 1	1. 11 1	
rise to the obave cause (A) stating the	(0)	emal will	(lb. 133)	
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	for the same of th			
		100.4	M. V. 000 10 11	
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFORMED				
OR CONTRIBUTING CAUSE OF Long	PLACE OF INJURY (e.g., in e, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR	(If in Baltimore	e City, give exact location)
DEATH (notify medical examiner) etc.)				
OF IN ILLDY	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.) While	e At Not Whil			
		-31 p.m. 4-14	10/7	his own to 11 min
22. I certify that (1) (this hospital) attended the	c decedage mon-	1-	1967 to 11.	2
that (4) (we) lost sow the deceased alive on				nion deoth occurred on the de
and hour and from the couses stated above.	(We) (# (did) w) v	lew the body after deat	h.	
23A. SIGNATURE				238, DATE SIGNED
Harald Boanes.	M.D. Atte	nding Med. Director	Stoff Phys.	4.14.67
23C.PHYSICIAN'S		23D. ADDRESS	1111	
NAME (Type) HERENNER	M.D.	Dariel	53. to Hospilal	
	Control begins and the control	AN AN	10047101	OFFICIAN
REMOVAL (Specify)	ME of CEMETERY OF CRE	MATORY 24D	LOCATION - CALCO	ity, town, od countyl h it is a subject to
2-9-6)		UNIV	Dainel Marie	TOAL SCHOOL
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF	FREGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
MAY 9 1967 (P.J., & 8	Jansey PLA	HUSPI	TAL DISPOS	SAL
MAY 9 1967 Plant	REGISTRAN MAN	25C. FUNERAL DIRECT	TAL DISPOS	SAL



(4) Undetermined cause; (5) or contributing cause death = IMPORTANT death any pronounced fracture of FUNERAL DIRECTOR: 4 ල physician the chief medical (2) Body burns; the ō where he body was released to the hospital any nature;

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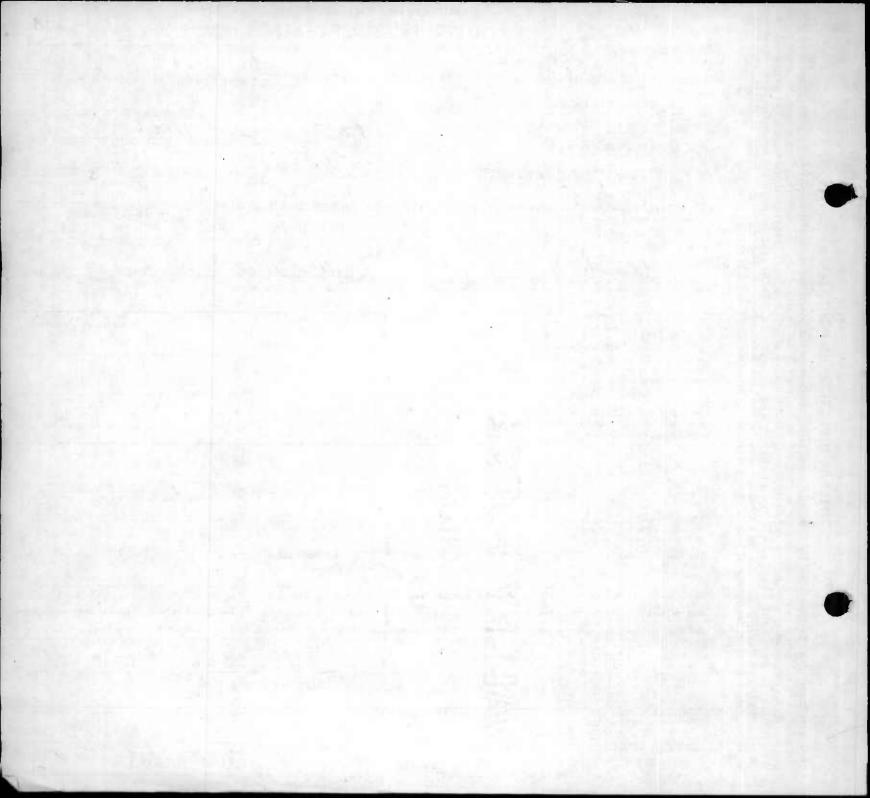
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 196 .2 3. PLACE OF DEATH IN BALTIMORY MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township UNIVERSITY HOSPITAZ mad . AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys If Under 24 Hrs. Min. WIDOWED, DIVORCED (specify) lost birthdoy! Hours 20 Nedet mas 10A, USUAL OCCUPATION (GIVE kird of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPL 12. CITIZEN OF CE (State or foreign country) WHAT COUNTRY? disposition done during most of working life, even (fretired) BALTIDORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (11 yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (This does not meon the mode of dying, hearl foilure, asthenio, etc. Il means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notily medical examined obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram. that (1) (we) last saw the deceased alive an and that in (ear) (aur) apinlan death accurred an the date and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23 B. DATE SIGNED 23A. SIGNATURE M.D. Attending Phys. Med. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specily) decease 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



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B.		BALTIMORE CITY	HEALTH DEPARTMENT	051 3500
	MRTH NO. 67 4500	CERTIFICA	TE OF DEATH Registered	No. 5/ 4011
1	Type or Print)	Kins	2. DATE AND HOUR OF DE	EATH 2 1 635 0
3	B. PLACE OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Where deceased lived A, STATE B. COUNTY,	d. If institution: residence before admission)
	FULL NAME OF (If not in hospitol or in HOSPITAL OR oddress or location)	nstitution, give street	C. CITY OR TOWN (Woutside city limits,	write RURAL and give township)
	Polton Hill N	Ursing Homo.	Balt, more	
	10.50		D. STREET ADDRESS (If rural, give location 829 W. Cross	,
	$M \cup W$	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 2/11/1896 9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 10) done during most of working life, even it retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	metal worker in	metal factory	Md.	U.S.A.
1	WESLEY JACOB	KING	14. MOTHER'S MAIDEN NAME ANNIE E. MILLE	0
1	5. Was Deceased Ever in U. S. Armed Forces	? 16. SOCIAL	17. INFORMANT	ADDRESS
110	Yes, no or unknown) (It yes, give wor or dates o	13-05-1702A	Lenerakins 83.	4 ManGold St.
It	18. 4 2 2 1	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIREC		-1	
	(This does not mean the made of dy	ing, e.g., DUE TO	ateral C.V.AIS.	8 weeks
	heart failure, asthenia, etc. It means the injury ar camplication which caused de	alh.)	idle cerebral artery thro	several yrs.
	ANTECEDENT CAUSES	(8)		30003 42 32 3
	DISEASES OR CONDITIONS, if any rise to the above cause (A) ste			
	UNDERLYING CONDITION last.	***************************************		
	OTHER SIGNIFICANT CONDITIONS CONTOUR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING D TO THE DOCU	bitus ulcer left hip & s	shoulder several weeks
	DISEASE OR CONDITION CAUSING IT.	ION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES. V	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING		no	
- 11	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	fice bldg., INJURY OCCUR?	Offimore City, give exact location
	OF INJURY (Month) (Doy) (Year) (I		21F. HOW DID INJURY OCCUR?	
'	(APPROX.)	While At Not While At Work		
	22. I certify that (I) (this hospital) a	15/12	4-7-67 19 to	515€ 5=7= 19 6\$,
	that (1) (we) lost saw the deceased of	^) opinian deoth occurred on the dote
	and hour and from the causes stated	above. (I) (We) (dld) (did not) v	iew the bady after death.	23B. DATE SIGNED
	C///Fivo	7/7 Colle M.D. Atte	ending Med. Staff Phys.	5-7-67
	23 C. PHYSICIAN'S NAME (Type)	"/ "	23D. ADDRESS	3
	E. ELKSWORTH COOK	M.D.	2431 MARYLAND AVE.	
2	AA. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION	(City, town, or county) (State)
	12urial 5/10/67	Frider Ce	melen Keral, M.	Ammeler mik
2		Pub E Farlum	25C. FUNERAL DIRECTOR	ADDRESS STAR
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